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EMERGENCY OPERATIONS

SUMMARY

The present report reviews the progress made by UNICEF in responding to emergencies in 1993. It also addresses issues raised by members of the Executive Board at its first regular session of 1994.

Chapter I provides an overview of UNICEF assistance and discusses UNICEF participation in supporting the United Nations coordination system, the continuum from relief to development, policy and programme development and humanitarian mandates. Chapter II discusses the steps UNICEF has taken to streamline operational procedures and guidelines in order to respond rapidly and effectively to emergencies. A report on UNICEF assistance in support of complex emergencies can be found in annex I, while annex II details the utilization of the Emergency Programme Fund (EPF) in 1993. Figures on the use of EPF in the first quarter of 1994 will be presented to the Executive Board in a short supplementary report as soon as they are available.

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I. UNICEF AND THE CHALLENGES OF INCREASINGLY COMPLEX EMERGENCIES

A. Overview

1. The year 1993 saw another alarming increase in the proliferation of emergencies world wide, continuing a trend that began in 1990. In some countries violent armed conflicts, often combined with devastating natural disasters, have wreaked havoc on basic infrastructures, disrupted vital social services and rendered millions of people homeless and destitute and exposed them to disease, hunger and insecurity, threatening the very survival of communities and families. At the same time, decades' worth of development investment in people and infrastructures were lost. In a number of other countries, natural disasters produced their own devastation. In 1993, some 18 million people were driven by conflicts to seek refuge in neighbouring countries and an estimated 24 million people were displaced within their own countries. Children and women bore the brunt of these calamities.

2. The international community responded to these emergencies in a variety of ways. In 1992, an estimated $2.6 billion, or 4.3 per cent, of official development assistance was channelled bilaterally, through the United Nations system and non-governmental organizations (NGOs), to support relief efforts in over 42 countries. Significant quantities of in-kind assistance, including food, shelter material and medical supplies, were also donated by concerned countries and organizations to mitigate suffering and save lives. Thousands of aid workers from the United Nations and other organizations braved danger and put themselves at risk in order to reach affected populations with critically needed humanitarian assistance. Many perished in this endeavour to provide assistance, with UNICEF alone losing three staff members in 1993. These rising casualties are posing an additional dilemma for international relief organizations, which must ensure the safety of their staff.

3. Despite this unprecedented response, 1993 will long be remembered for the hard questions that arose on the ethics and principles of humanitarianism. The right of people in need to humanitarian assistance has now been recognized by the international community. There is a continuing debate about maintaining the balance between that right and questions of national sovereignty. The debate has highlighted the responsibilities of Governments and authorities to allow unimpeded access of humanitarian assistance to people in need and it has obliged the international community, under the leadership of the United Nations, to come to their aid rapidly, effectively and in a coordinated fashion, while respecting fully the important guiding principles of humanitarian relief: impartiality, neutrality and humanity.

Table. UNICEF emergency programme expenditure, 1991-1993

(Millions of United States dollars)

Country	Programme expenditure a/ 1991	1992	1993 b/	Staff engaged in emergency operations c/	UNICEF staff locations
Major complex emergencies					
Afghanistan	9.4	6.8	11.0	135	8
Angola	6.4	7.7	10.0	93	5
Ethiopia	7.5	10.2	5.8	9	1
Iraq	22.0	27.6	52.2	96	4
Kenya	0.1	6.3	12.0	102	2
Liberia	4.5	10.9	9.3	164	1
Mozambique	6.9	10.2	12.5	11	3
Somalia	3.5	27.3	31.1	162	8
Sudan	20.4	20.1	25.4	135	12
Former Yugoslavia d/	0.2	13.3	19.4	126	11
Subtotal	80.9	140.4	188.7	1 033	55
Other emergencies	29.8	26.2	33.8	-	-
Total	110.7	166.6	222.5 e/	-	-

a/ Excludes special accounts and advances from the Central Emergency Revolving Fund (CERF).

b/ As of 31 December 1993.

c/ As of December 1993.

d/ For budgetary and logistical reasons, programme expenditure for Bosnia and Herzegovina, Croatia, the Federal Republic of Yugoslavia (Serbia and Montenegro), the former Yugoslav Republic of Macedonia and Slovenia is grouped together under this heading.

e/ In addition, about $12.4 million in expenditure was incurred against special accounts and $2.1 million in advances from CERF.

4. Despite the massive international response, emergency situations keep growing in number and intensity. In 1993, UNICEF was more involved in such activities than in 1992, continuing an upward trend begun in 1990. In 1990, UNICEF provided emergency assistance to 29 countries in emergency situations; this number quickly grew to 50 in 1991, to 54 in 1992 and, by 1993, the

organization was providing emergency assistance to 64 countries. Total UNICEF emergency expenditure in 1993 was $223 million, 28 per cent of total programme expenditure. Emergency expenditure in the countries with the most serious emergency situations was $189 million, or 85 per cent of all emergency expenditure. In those countries, 1,033 staff (220 international Professional and 813 national) are serving in 55 locations (see the table above). The significant support provided by UNICEF to countries in emergency situations, as well as a report on the utilization of the Emergency Programme Fund (EPF), are described in annexes I and II to the present document respectively.

5. In decision 1994/R.1/7 (see E/ICEF/1994/13), the Executive Board decided that the level of EPF should be increased from $14 million to $30 million for the 1994-1995 biennium. This represents less than 10 per cent of the total emergency expenditure by UNICEF each year, meaning that more than 90 per cent of these expenditures are funded from supplementary funds.

6. EPF continues to be one of the most important UNICEF instruments for responding rapidly to emergencies. EPF is pivotal, not only for facilitating UNICEF-initiated activities in emergencies but also for providing technical support for the development of various policy issues relating to these activities, as well as the humanitarian activities of the United Nations system.

7. Currently, EPF provides funds to meet interim emergency needs when no inter-agency appeal has been launched. It also provides an indispensable cash flow for initiating action in complex emergencies pending the receipt of donor contributions. In addition, EPF helps to finance UNICEF participation in inter-agency assessment missions when the field offices are unable to support these costs.

8. EPF was established as a revolving fund to provide ready resources for UNICEF interventions, especially during the initial stages of emergencies. In principle, allocations from EPF are replenished, subject to donor agreement, from supplementary funds. A total of $21 million was allocated from EPF in the 1992-1993 biennium. Replenishments accounted for $9.2 million, resulting in $11.8 million in net allocations from EPF. Some 77.2 per cent of the allocations were disbursed to the field and only 22.8 per cent to global interregional activities.

9. The EPF budget, expenditures and posts funded are summarized in annex II, table 1. The regional distribution of EPF allocations at the field level is summarized in annex II, table 2. Emergencies in Africa continued to receive the highest share, comprising 38 per cent of total EPF allocations at the field level. Countries in Central and Eastern Europe and the Commonwealth of Independent States received 30 per cent of total allocations. The Americas and the Caribbean, Asia and the Middle East and North Africa received 16, 9 and 7 per cent, respectively, of total allocations.

10. In 1993, Africa remained the continent in greatest need of emergency assistance and consequently was afforded the highest priority by UNICEF. Thirty-five per cent of EPF allocations were for Africa, which also received the largest share of all emergency expenditures in 1993. The conflicts in Angola, Liberia and Somalia are continuing, with tragic effects on children. New

conflicts and large population movements in Burundi and Rwanda will require major assistance in 1994. UNICEF continued to provide support for other emergencies in Eastern and Southern Africa, in Eritrea, Ethiopia, Kenya and Mozambique, and, in West and Central Africa, in the Congo, Côte d'Ivoire, Ghana, Liberia, Togo and Zaire. This trend is likely to continue in 1994. UNICEF, through EPF, allocated significant resources to Africa both for country-specific activities and for building regional capacity in prevention, planning, stress and trauma management and emergency training. Because of the increase in emergencies in West and Central Africa, efforts also focused on establishing early warning systems, emergency preparedness activities, emergency training and improving emergency communication systems in the region.

11. Emergency assistance in Asia, apart from in Afghanistan, focused on providing an immediate response to natural disasters such as the earthquake in India and floods and landslides in Nepal and the Philippines. UNICEF also provided assistance to strengthen emergency response capacities in Cambodia following the withdrawal of the United Nations Transitional Authority in Cambodia. The conflict in Afghanistan escalated dramatically at the end of 1993 with the major cities coming under heavy attack, resulting in a huge population exodus from Kabul and other cities towards safe areas. The evacuation of international personnel from the country temporarily interrupted ongoing emergency assistance. Monitoring and the distribution of supplies are now undertaken and coordinated by national staff members who remain in the country, including Kabul, running the UNICEF office and programme.

12. Central and Eastern Europe and the Commonwealth of Independent States continued to be areas of major concern throughout 1993, with the tragedy in parts of the former Yugoslavia dominating world attention and creating the biggest political, military and humanitarian crisis in Europe since the Second World War. The impact of this conflict on children has been devastating, with thousands killed, displaced or under siege. The conflict is also having a major destabilization effect beyond Bosnia and Herzegovina, Croatia and the Federal Republic of Yugoslavia (Serbia and Montenegro), affecting also the former Yugoslav Republic of Macedonia and neighbouring countries. Fighting continues in the enclave of Nagorny Karabakh, affecting both Armenia and Azerbaijan, while an eruption of conflict in Georgia resulted in an acute humanitarian emergency in Ossetia, Abkhazia and other nearby regions. The conflict in Tajikistan continues to claim lives and displace thousands of families. The onset of winter in many of these countries exacerbates already tragic situations. UNICEF continues to provide all of these countries with relief and survival equipment, essential medical supplies, drugs, vaccines and clothing.

13. In the Middle East and North Africa, 1993 was dominated by ongoing relief efforts in northern Iraq, the largest UNICEF emergency operation, and in the Sudan, where the conflict in the south continues to have devastating effects on an estimated 4 million people. At the request of the Department of Humanitarian Affairs, UNICEF successfully coordinated humanitarian assistance in both countries. In northern Iraq, UNICEF coordinated the timely storage and distribution of 120 million litres of heating and cooking fuel to families and institutions. In southern Sudan, UNICEF assistance to children and women through Operation Lifeline Sudan - South reached 45 locations in 1993, up from seven in 1992. In Lebanon, UNICEF moved from providing immediate relief

assistance towards a reconstruction and development programme. The political situation in Algeria remains precarious and is expected to deteriorate further in 1994, with the possibility of repercussions for civilian populations. As a consequence, UNICEF is concentrating its interventions on emergency planning and preparedness activities, as well as on enhancing emergency communication, security and training.

14. In the Americas and the Caribbean region, the continuing political crisis in Haiti required UNICEF to support emergency relief efforts to meet the needs of children and women. As part of the consolidated appeal, UNICEF provided support for primary health care (PHC), immunization services and water supply and sanitation in rural areas. With funds from EPF, UNICEF provided assistance for children and women affected by floods and landslides in Ecuador, for victims of a tropical storm in Cuba and in Honduras and for children in the indigenous region affected by insurgencies in Peru.

B. UNICEF and the coordination of humanitarian assistance

15. Many of the issues UNICEF faces in its emergency operations have much broader implications. Because of these challenges, UNICEF remains committed to the Department of Humanitarian Affairs and is working increasingly within its framework. Throughout 1993, UNICEF participated actively in all major consultations and debates on the role and effectiveness of the Department of Humanitarian Affairs. These discussions culminated in the adoption by the General Assembly of resolution 48/57 of 14 December 1993, which strengthened the mandate and functions of the Department of Humanitarian Affairs in several important ways. The resolution seeks to enhance the effectiveness of the Inter-Agency Standing Committee (IASC), the highest policy-making body of the United Nations in the humanitarian field. UNICEF has participated fully in IASC, which in the last two years has been the most important platform for discussing major humanitarian policy issues, including the terms of reference for IASC itself, the guidelines and mechanisms for operation of the Central Emergency Revolving Fund (CERF), the design and operation of the consolidated appeals process, the need for a continuum from relief to development and the continuing debate on the principles of humanitarian mandates. The ongoing consultations have kept alive a number of those burning policy issues. Although a number of issues remain unresolved, significant breakthroughs were made in reaching consensus on CERF and the consolidated appeals process.

16. Intense debates by IASC on increasing the flexibility of CERF have resulted in greater consensus among the organizations involved on the purpose and operational mechanism of CERF. Resolution 48/57 endorsed the IASC recommendation for an increase in CERF resources and emphasized the necessity of timely repayment of funds to CERF. Pending a final decision by the Economic and Social Council, the General Assembly has also given the Emergency Relief Coordinator and the operational agencies and organizations the authority, on a time-bound basis, to draw from the interest accrued from CERF to support coordination efforts at the field level in cases where there may be insufficient coordination.

17. In resolution 48/57, the General Assembly also requested the Secretary-General to strengthen the consolidated appeals process, making it more field-oriented, and called on States to respond quickly and generously to consolidated appeals. The revised consolidated appeals process is now accepted in principle by all United Nations operational organizations, although there are still concerns about some major issues related to the appeal process: the continuing poor response to appeals; determination of the criteria for establishing planning levels for appeals and establishing priorities in resource allocation; accepting assessments as the primary responsibility of the country-based emergency management teams; and ensuring the full involvement of national Governments and NGOs in the process. UNICEF is also concerned that the release of funds from the consolidated appeals not be unduly delayed, thus slowing relief efforts.

18. IASC discussions on the crucial issue of the coordination of humanitarian assistance have recognized the primacy of field-level operations, as well as the respective mandates and strengths of the organizations with a field presence and proven operational capacity within an affected country. UNICEF experience strongly supports the general consensus that the Department of Humanitarian Affairs should not be an operational, as opposed to a policy-making, body. The issue of primary responsibility in emergencies, such as that of UNICEF in its leadership role in northern Iraq and southern Sudan, or of the Office of the United Nations High Commissioner for Refugees (UNHCR) in the former Yugoslavia and the World Food Programme (WFP) in Angola, have demonstrated that when the Department of Humanitarian Affairs has drawn upon the comparative advantages of the operational organizations there has been significant added value. IASC has also been discussing the structure and functions of the Department of Humanitarian Affairs in its twin locations, New York and Geneva.

C. The continuum from relief to development: the UNICEF perspective

19. In September 1993, the Under-Secretary-General for Humanitarian Affairs established a system-wide task force, chaired by the United Nations Development Programme (UNDP), to develop an operational framework for ensuring the continuum from emergency relief to rehabilitation, reconstruction and development. The task force has made good progress, firmly guided by the understanding reached among the organizations that such a framework should be built upon the premise of the mutual recognition of the strengths, priorities and mandates of each one.

20. In the case of UNICEF, this will mean continued reliance on the country programming process as the vehicle for integrating the policies of the organization, the mid-decade goals and other relevant strategies, leading to the adoption of a country strategy note on emergency operations. In the main areas of UNICEF emergency action, health, child nutrition, water supply and sanitation and basic education, the distinctions between emergency relief, rehabilitation and development are less marked than in the area of food supply, when the emergency provision of food supply differs greatly from the long-term development of food production. Immunization, oral rehydration therapy, growth monitoring, low-cost water supply schemes and basic education are all development, as well as emergency, activities. However, the greater and more

rapid the involvement of parents and communities in these actions, the more effective and sustainable they will be, whether as part of relief and rehabilitation or development programmes. The continuum to development in the areas of health, nutrition, water supply and sanitation and education, properly handled, ought to be seamless from the beginning.

21. In line with UNICEF policies on and approaches to emergency operations elaborated in the 1993 report to the Executive Board (E/ICEF/1993/11), the last year has seen (a) a continuation of the efforts of the organization to develop further its policy framework for emergencies in the light of the new global environment; (b) the continuing increase in the number and complexity of emergencies; (c) the strengthening of the role of the Department of Humanitarian Affairs as part of a more coordinated and effective United Nations humanitarian response; (d) the need to strengthen linkages between UNICEF emergency work and its development goals; and (e) new issues for which UNICEF needs to develop a policy, including the issue of land-mines, that would define the continuum from relief to development and the protection of humanitarian mandates. In this context, it is understood to mean that the humanitarian mission must be regarded equally with other components of United Nations operations, such as peace-keeping, in a given country.

22. UNICEF needs to continue to strike a delicate and effective balance between emergency operations and its development goals. Consequently, the country programme will continue to be the basis of cooperation, ensuring that the emergency activities of the organization, whether in the areas of health, water supply and sanitation, nutrition or education, provide not only immediate relief but at the same time accelerate rehabilitation, leading to recovery. This approach, highlighted by the multi-donor evaluation (E/ICEF/1993/CRP.7), will remain a major focus in 1994.

D. Policy and programme development

23. Over the last 12 months, UNICEF has been reviewing its own policies, strategies and planning with regard to emergencies. One major exercise was the review of the UNICEF emergency handbook, Assisting in Emergencies, and the emergency manual (UNICEF Policy and Programme Manual, Book E) to bring them into line with current thinking and practices on emergencies. Many of the issues are also outlined in the recently published book, Children in War. The exercise will also accelerate the building of close linkages with and integration of emergency planning into the regular country programming process. Other policy development exercises will focus on issues such as internally displaced persons, natural disaster reduction, land-mines and sanctions. UNICEF needs to continue to refine its policy analysis, particularly in relation to psycho-social trauma, education, gender issues and monitoring and evaluation activities in emergency situations. These efforts will be accelerated greatly, especially as the capacity of the Office of Emergency Programmes for policy development has been enhanced.

24. Although less obvious than a bullet wound, psycho-social trauma of children from war-related experiences can be just as injurious and disabling and can cause even greater suffering. Commitment to the psycho-social well-being of

children in situations of armed conflict has a clear objective: to ensure that children are protected from psycho-social trauma and that when they are so affected, timely and effective assistance is provided. Together with other policy makers, headquarters and field staff with practical experience are now developing guidelines, manuals and training packages on practical action which can and should be taken to attain this objective. These will be incorporated into both the UNICEF programme manual and the handbook, Assisting in Emergencies.

25. Over the last year, the importance of ensuring basic education for children in emergency situations has emerged very strongly. The rapid reopening of schools, even on a partial or makeshift basis, helps to restore some sense of normalcy, especially for traumatized children, who often urgently and insistently ask for schools. For these reasons, education is an important aspect of emergency policy which UNICEF must promote further, particularly with the donor community. Education activities are included in many, but not all, appeals. In addition, there has been limited response by donors to the education components of emergency appeals. A review of experience in many conflict-affected countries has confirmed that despite innumerable obstacles, education of children can be maintained, is a felt need and provides an environment that can be utilized to provide other services such as psycho-social and trauma counselling, health education, feeding programmes, conflict resolution skills and peace education.

26. Gender disparities are another area of growing importance in the provision of emergency relief assistance and mirror similar inequalities in the provision of development assistance to women in general. It has been well documented that women are often the most severely affected in emergencies, yet remain invisible as recipients of emergency relief assistance and, more importantly, in terms of participation in policy-making, implementation activities and resource allocation. In addition, women are often subjected to sexual and physical violence and are traumatized and raped. Further research and analysis are required to develop gender-sensitive baseline data and a framework to ensure their full participation in emergency operations. The UNICEF policy on the full integration of gender issues, particularly the protection of women and girls against violence, into emergency programming will be an important feature of all future UNICEF emergency interventions.

27. UNICEF has taken steps to develop further guidelines for vulnerability analysis that could sensitize and adapt the country programming process in emergency-prone countries so as to give increased attention to disaster prevention and preparedness and provide the necessary link to the continuum from relief to development. In this regard, the lessons learned from studies on the causes and effects of drought in Malawi and Mozambique will be integrated into the guidelines on vulnerability analysis. Similarly, lessons learned from a critical review of the emergency programmes in Angola and the former Yugoslavia will enrich the vulnerability analysis exercise. With the development of programme management audits by the Office of Internal Audit, review processes have been enhanced.

28. Further to a recently concluded collaborative agreement between the Department of Humanitarian Affairs and the Government of Japan, the Department is expected to establish at United Nations Headquarters a comprehensive monitoring and early warning system that will be linked to all organizations and the field. The system will facilitate follow-up of implementation of emergency programmes on the ground and enhance their evaluation. In addition, the UNICEF Evaluation and Research Office has already developed a system for assessing the progress of emergency programmes, which has been tested with some success in the evaluation of the Liberia emergency programme and will be linked to the United Nations system-wide evaluation system.

E. Collaboration with other agencies

29. In compliance with the suggestion of the Executive Board that UNICEF increase evaluation of its emergency programmes (E/ICEF/1993/14, decision 1993/7), UNICEF has been working closely with the Department of Humanitarian Affairs and other United Nations operational organizations such as UNHCR, WFP, UNDP and the World Health Organization (WHO) to develop a system-wide approach not only to undertake assessments for preparing appeals, but also for joint programme evaluations.

30. UNICEF collaboration with WHO remains very good, especially at the field level; an increasingly clear division of labour is being developed between the two organizations based on the complementarity, comparative advantages and field presence of each. This has been reflected in the consolidated appeals, where both organizations agree at the field level on what elements each will support and include in its part of the appeal. In general, UNICEF continues to support district health care systems, immunization activities, the development of PHC systems, vitamin A supplementation and the provision of essential drugs and maternal and child health supplies. For its part, WHO provides national-level policy support, technical guidance and essential drugs, supports the development of national capacity in health and provides supplies to hospitals and tertiary-level centres.

31. According to the report of the Director-General of WHO to the WHO Executive Board at its ninety-third session entitled emergency and humanitarian action, WHO had 68 international and 172 national staff working in emergency operations in 1993 and received $55 million out of $362 million requested through the consolidated appeals process.

32. Through the UNICEF/WHO Joint Committee on Health Policy, both organizations will seek to draw up a memorandum of understanding on how they can work together better in emergencies. UNICEF will also propose meetings at the technical level to formulate operational guidelines for field offices to enhance working arrangements by building upon the complementarity and comparative advantages of the two organizations. This, UNICEF feels, will strengthen the consolidated appeals process further and prevent duplication.

F. Humanitarian mandates

33. The Department of Humanitarian Affairs and the relevant United Nations operational organizations are paying increasing attention to such issues as the evolving principles of humanitarian mandates and the guidelines for applying these principles; the design, installation and management of a system-wide early warning system; the International Decade for Natural Disaster Reduction and the World Conference on Natural Disaster Reduction, to be held at Yokohama, Japan, in May 1994; the situation of internally displaced persons; demining and related resource mobilization; monitoring, evaluation and accountability; and sanctions.

34. In discussions with the Department of Humanitarian Affairs and UNHCR initiated by UNICEF in June 1993, issues relating to the protection of the principles of humanitarian mandates in conflict situations and the effects of sanctions on vulnerable groups have attracted immense interest. With the evolving relationship between the political, military and humanitarian aspects of United Nations operations, defining this relationship and upholding the humanitarian principles of neutrality, impartiality and humanity have become formidable challenges. An IASC working group has now prepared a report on the principles and operational guidelines of humanitarian mandates, which states that these principles cover, inter alia, the interaction between the political, military and humanitarian functions in complex emergencies; the role of the military in the protection of humanitarian missions; humanitarian diplomacy and access to victims; security and protection of personnel and facilities; humanitarian law and principles; and the effects of sanctions on humanitarian assistance. Work is now under way to develop the operational guidelines for applying these principles.

G. Sanctions

35. As eloquently stated by the Under-Secretary-General for Humanitarian Affairs, "sanctions may be the best weapon the Security Council has, but they are a blunt weapon that punishes people who are not to blame". Studies undertaken in Haiti and Iraq have shown the negative effect of sanctions, especially on the nutrition and health of the most vulnerable groups - children and women. The dilemmas posed by the imposition of sanctions call for an urgent review to ensure that vulnerable groups be protected and cushioned from the adverse effects of this double-edged instrument. At the country level, UNICEF representatives are well placed to monitor and report on the effects of sanctions on children and women. Globally, consistent monitoring, probably on a monthly basis, is required to measure the effects of sanctions and to disseminate information regularly so as to raise public awareness. It is obviously difficult to isolate any one factor from the many that affect the health of the population when international embargoes are applied, but there now is enough evidence to prove that sanctions do have an effect. UNICEF has been supporting studies on the effects of sanctions on the well-being of children.

H. Land-mines

36. Estimates indicate that over 100 million land-mines are currently in place throughout the world, while another 100 million are stockpiled for future use. Globally, thousands of people are killed and wounded yearly by land-mines, with 30 to 40 per cent of these victims being women and children. In Afghanistan alone, an estimated 200,000 civilians have been killed by land-mines and another 400,000 suffer from related disabilities. In addition to causing unnecessary deaths and disabilities, land-mines are a major deterrent to resettlement (as in Mozambique), render fertile farm and grazing land useless, prevent relief convoys from reaching their destinations, restrict the work of relief and medical personnel and put women and children at very high risk when they collect basic necessities such as firewood and water.

37. Although land-mines can be purchased for as little as $3 each, it can cost up to $1,000 each to remove them. Kuwait, a relatively rich country, has spent nearly $1 billion on demining contracts since the Gulf War. Demining is tedious, costly and very dangerous. This situation has implications for countries such as Afghanistan and Angola and for UNICEF as an organization. Because of the increasing international concerns about land-mines and the serious threat they pose to children and women, the Executive Director, in addressing the Human Rights Commission in Geneva on 8 March 1994, called for a ban on the production, use, stockpiling, sale and export of anti-personnel land-mines. Members of the Executive Board may be aware that a number of National Committees for UNICEF in Europe are seeking advocacy and support for the appeal of the Executive Director. UNICEF looks to the Executive Board for policy guidance on how to proceed and respond to the problem of land-mines.

II. OPERATIONAL ISSUES

A. Overview of problems and issues

38. In its decision 1993/7 (see E/ICEF/1993/14), the Executive Board encouraged UNICEF to take further steps to improve its capacity to respond to emergencies, including a review of ways to adapt its operational and financial rules, regulations, procedures and guidelines in order to respond in an urgent manner. Recognizing that, in these challenging times of scarce resources, the performance of operational organizations is judged by their ability to respond effectively, especially in conditions of instability and violence, the Board guidelines have encouraged UNICEF to adopt a policy of "enhanced management". The focus of enhanced management will be to continue the intensive internal review of policies, procedures, rules and regulations begun by the Division of Personnel (DOP) and extend it to all headquarters divisions with the specific aim of producing a streamlined, coherent, transparent and accountable management system linking operational support closely to the programming process and enhancing UNICEF capacity to respond rapidly and effectively to complex emergencies.

39. The request of the Executive Board that UNICEF improve its capacity to respond to emergencies, as mentioned in paragraph 38 above, was prompted by several factors, including the increasing involvement of UNICEF in emergency

activities, a trend that has continued in 1993; the resulting need for a greater commitment of financial and human resources to emergency operations; concerns over the serious risks to staff safety and even loss of life that UNICEF and other relief personnel are experiencing in complex emergencies; and the responsibilities incumbent upon organizations to design and initiate appropriate measures to ensure maximum security for their staff.

40. Although UNICEF has had significant success in implementing its emergency programmes, as exemplified by the achievement of 75 per cent coverage for measles immunization in Somalia and by the counselling and care of traumatized children in Croatia and of child soldiers in Liberia, there is growing recognition that in emergency situations field offices need continued, coordinated management support from both regional offices and headquarters that is greater than normal levels of support.

B. Management

41. UNICEF experience both in complex emergency situations in countries where it has had no prior presence (such as Armenia, Azerbaijan or Tajikistan) and with managing short-term emergencies in countries where UNICEF has a well-established presence, have underlined the importance of providing and maintaining adequate managerial capacity at the field level that is fully supported by senior management at regional and headquarters levels. As in normal situations, the linkage must be clearly established between management of a programme and the operational back-up support required to carry it through. A first step in this process is to review the UNICEF country programme approach and adapt and apply it in emergency countries. The emergency appeal effectively takes the place of the country programme recommendation for "normal" country programmes and should have the same, albeit simplified elements: situation analysis; needs assessment; a short conceptual framework or strategy; programmes of action; and budget and resource requirements. Future emergency appeals will include these elements and be accompanied by an emergency programme management plan that includes administrative and programme support budgets. The plan will cover administration and programme support, funding tables, appeal requirements, budget, training and security and communication needs. This exercise is expected to lead to the reflection of the UNICEF corporate concerns in the plan before the final appeal document is issued, either by UNICEF or by the Department of Humanitarian Affairs.

42. Following the recommendations of internal auditors, headquarters divisions will become more actively involved in overseeing the relevant functions of the field offices in countries in emergency situations. Matters to be considered will include reinstitution of appropriate measures to enhance staff security; achievement of programme/project objectives; the adequacy of internal control mechanisms; the fulfilment of donor expectations in terms of funds utilization and reporting requirements; and efficiency in the deployment of staff and other resources. In reviewing the progress of the emergency programme, the relevant headquarters divisions, together with the country office team, will determine which measures need to be taken into consideration to strengthen country office management. Such measures will ensure that standard procedures are implemented

and new procedures developed, when appropriate, in countries in emergency situations.

43. The emergency programme management plan, developed in conjunction with the appeal, will provide the framework within which headquarters divisions provide appropriate guidance, supervision and support for the efficient and timely implementation of the emergency programme. The plan will include specifications of human and other resources required to implement the proposed emergency programme. To the extent possible, the human resources specifications will be based on the generic job descriptions for emergency programme and other staff that are now being developed by DOP in consultation with the Office of Emergency Programmes. This will expedite the identification and recruitment of qualified and experienced staff.

44. It is essential to ensure that there be no discontinuity between the recruitment of staff and the availability of funds. The emergency programme management plan will set out the minimum requirements for the number and types of staff needed to maintain the country operation, with a progressive increase in staff depending on the availability of funds, whether from general resources or supplementary funds.

C. Financial procedures

45. The existing UNICEF financial procedures are guided by the policies of the United Nations in general, and more specifically by the policies adopted by the Executive Board. New, unique or emerging problems prevailing in many locations where UNICEF has emergency operations are already receiving attention, especially at headquarters. Such situations are usually characterized by high inflation, the absence of banking systems, the necessity of having foreign currency hand-carried to duty stations and inadequate financing of operational support activities covering staff salaries, transport and security. UNICEF is reviewing its own internal procedures in order to respond effectively to the requirements of emergency situations. Measures are under way to improve the procedures to address these problems, focusing on three distinct elements: funding, programme budget management and cash operations.

Funding

46. UNICEF emergency programmes are funded primarily from supplementary funds, although these are not always immediately available to finance essential support activities such as staff and transportation costs, especially where air transport is essential, and salaries for the large number of national staff required to implement project activities. To resolve this problem, all projects must carry built-in support costs and there must be a commitment on the part of donors to fund total project costs, rather than sub-project activities.

47. In certain circumstances, especially where UNICEF has no existing field presence, it may be necessary to deploy an emergency office management team in advance to formulate the programme and establish an operational base, and subsequently an effective team to implement the plan (see also paras. 52-55 below). Adequate funding is essential for such advance operations, as is

financial support for the establishment of field office operations, including essential transport and communication facilities. Since supplementary funds will not have been received at this stage of advance preparation, funds for this purpose in many cases will need to be allocated from EPF. Even in countries where UNICEF has ongoing operations, some advance emergency funding to strengthen UNICEF operational capacity may be required when a complex emergency occurs.

Programme budget management

48. To assist country offices to improve the management of programme budgets, efforts are under way to formulate guidelines to link implementation of emergency programmes with the financial operations of the offices. These guidelines are expected to cover the preparation of an expenditure plan based on different levels of response to the emergency appeal which would also accelerate implementation of the emergency programme when funds become available.

Cash operations

49. Specific guidelines are being prepared in close consultation with other United Nations organizations to assist field offices operating in areas where no banking institutions exist. The guidelines will cover procedures for obtaining foreign currency where this is necessary to finance local operations. In addition, UNICEF will increase the frequency of visits by senior staff from the Division of Financial Management and relevant staff from regional offices to review financial transactions with a view to providing continuous, supportive supervision to minimize future problems.

50. In addition to regular programme budget monitoring procedures, financial management information will be systematically enhanced.

D. Personnel and security

51. A 1991 assessment of UNICEF emergency response capability indicated that, when emergencies strike, UNICEF often does not have enough staff with appropriate technical skills and/or emergency experience, or staff with sufficient experience in UNICEF emergency management procedures. Moreover, since 1991, the emergency situations in which UNICEF and other organizations are working have become more complex and hazardous. Within this context, four issues are examined below: recruitment and placement; training; entitlements; and security.

Recruitment and placement

52. UNICEF staff have long been accustomed to working in duty stations considered difficult because of their lack of basic amenities. Increasingly, however, staff are being assigned to duty stations where law and order have broken down, where they are exposed constantly to physical risk and where traditional government structures are either non-existent or ineffective. While UNICEF continues to assign staff to these duty stations on a purely voluntary basis, more must be done to ensure that there are at all times adequate numbers

of appropriately trained staff available to support emergency operations. A number of measures are under way to ensure this.

53. Already, UNICEF staff are encouraged to put their names on the emergency roster. The objective of the roster is to create a pool of staff committed to making themselves available for service in an emergency situation at short notice. The roster also contains information about external experts ready to serve in emergency situations. Measures to ensure adequate training and orientation of these staff and consultants are discussed in paragraphs 56-58 below. Recruitment procedures for screening staff are being developed and tested for use both with UNICEF staff and with outside consultants to determine their personal suitability for such assignments, and thus lessen the risk of their being, or becoming, ineffective in situations of high stress and risk.

54. In order to help motivate staff to volunteer for service in hazardous situations, conditions of service of staff in complex emergency situations have already been modified, with the normal tour of duty being reduced to one or two years. While a "core team" of experienced staff must remain in place to provide continuity, some staff supporting emergency operations could be seconded on mission status from their regular duty stations for periods of three to six months. Additional professional and other incentives are being instituted to motivate staff for service in hazardous duty stations. Increasingly, the idea of recognizing emergency service as a positive element of career development for all Professional staff is being considered, although such service must continue to be on a voluntary basis.

55. In order to supplement its own staff and to avoid causing undue strain on the overall UNICEF human resources system, the organization has also begun to use on a more systematic basis the services of external staff in support of its emergency operations. As part of the effort to enhance its collaboration with both international and national NGOs, UNICEF has taken a number of initiatives. An agreement was reached with SwedRelief to deploy professionals and technicians skilled in various aspects of emergencies at short notice. A subcontract has already been entered into with Cooperative for American Relief Everywhere, Inc. in northern Iraq and a framework agreement signed with the Norwegian Refugee Council for the provision of services of experts at short notice. The possibility of increasing the number and scope of such contracts, and of standardizing the procedures for them, is under examination. Recruitment of external consultants and experts for emergency duties will include the possible secondment of experienced staff from Governments, appropriate NGOs and other United Nations organizations.

Staff training

56. The need to have in place a sufficient number of well-prepared UNICEF staff who are ready to respond to emergencies led to considerable expansion of disaster-preparedness training efforts in 1993 and to planning for further expansion in 1994. To date, 87 staff from 20 countries in two regions (Eastern and Southern Africa and West and Central Africa) have been trained in a one-week, team training approach. These country teams, which include both international and national Professional staff, are now ready to serve in their

own countries of assignment should an emergency arise and are also available for deployment elsewhere.

57. More structured efforts are now under way to brief and orient staff before they take up their assignment at hazardous duty stations. As well as increasing their efficiency once in the duty station, training is an additional factor in motivating staff to volunteer. Orientations will include information on stress awareness and management, negotiation skills and personal and team security. The regional offices have a significant role to play in this process, as do the senior staff from the country of assignment. Arrangements are also being made for the more systematic debriefing of staff when they leave emergency assignments. The knowledge and information gained from debriefings will help to strengthen the UNICEF institutional memory and to refine its approaches to supporting emergency programmes and the staff assigned to them.

58. UNICEF is also increasing its capacity to respond to the stress experienced by staff in hazardous duty stations. Training programmes and materials are currently under preparation to equip managers and staff to recognize and deal with the consequences of cumulative stress. In addition, a small number of UNICEF staff will be trained, together with appropriate outside experts, including mental health professionals, to recognize and respond to stress resulting from critical incidents. The stress management initiatives are being coordinated by the United Nations Security Coordinator and will be developed in collaboration with appropriate organizations within the United Nations system, such as UNHCR and WFP.

Entitlements

59. UNICEF is engaged continuously, and in consultation with other relevant United Nations organizations, in reviewing the salaries and entitlements of staff. This is essential not only to safeguard the interests of the staff concerned, but also to control costs and reduce expenditure wherever possible. In addition, selected posts in countries with emergency conditions are temporarily upgraded both in order to strengthen the staffing configuration and in recognition of the increased responsibilities assumed by staff in these posts.

Security

60. During 1993, three UNICEF staff were killed on assignment. In view of the ever increasing number of serious or fatal incidents involving UNICEF staff, in 1993 the Executive Board approved a full-time post for the coordination of all aspects of staff security. The UNICEF Security Coordinator works closely with the office of the United Nations Security Coordinator and other United Nations organizations, exchanging information and developing joint approaches to staff security, including training activities. A system of risk indicators is being developed, assisted by security mapping and early warning systems being developed in the field.

61. While UNICEF senior management continue to have overall responsibility for staff security, representatives, regional directors and personnel officers in emergency locations are increasingly involved in providing security briefings

and orientation to newly assigned staff and in the organization of debriefings, including those about critical incidents. The extension of all aspects of the security system covering international staff to local staff is under consideration, in view of the high exposure to risk of these staff. Senior UNICEF staff in countries bordering on countries in emergency situations also support efforts to improve staff security by identifying and mobilizing resources such as transport, communication and medical services.

E. Supply operations

62. In 1993, emergency shipments totalled over $87 million, an increase of 16 per cent over 1992. This amount was for shipments to UNICEF-assisted emergency programmes and Governments, as well as to NGOs and other United Nations organizations. The increase has necessitated a careful review of supply activities both at the country level and at the Supply Division warehouse at Copenhagen, with the objective of improving the management of what constitutes, in many cases, a major component of the UNICEF emergency response. As a result of this review, which was carried out as part of a global retreat for Supply Division staff, a number of shortcomings were identified. These included a lack of staff training; inexperience in emergency operations at the field level; insensitivity at the field level to the concerns of Supply Division warehouse staff; and a lack of routine stockpiling for emergencies.

63. The retreat also adopted the following recommendations for immediate action:

(a) Supply staff, both at Copenhagen and from country offices, will receive more specific training in the particular needs of the supply component of emergency operations. Wherever feasible, only experienced supply staff will be assigned to countries involved in complex emergencies;

(b) The necessity of strengthening staff capacity at Copenhagen to deal with increased emergency demands will be examined, supply staff in countries in emergency situations will visit Copenhagen and more field visits will be encouraged;

(c) Senior supply and other staff involved in emergency assistance will review and update the supply components of the UNICEF emergency manual and Assisting in Emergencies;

(d) Guidelines will be prepared and, where necessary, special training will be provided for staff involved in warehouse operations at the country level. Short-term warehousing activities are of major significance in most emergency situations. UNICEF assumes responsibility for warehouse operations and end-user distribution in most of these countries;

(e) The possibility of establishing a more efficient procedure for obtaining rapid approval from the Security Council sanctions committees will be investigated;

(f) Advance planning of supply requirements for emergency situations in countries such as Iraq, Somalia and the Sudan and in parts of the former Yugoslavia will be undertaken, with the objective of significantly reducing the need for last-minute air shipment of some supplies and equipment, thus significantly reducing costs to UNICEF.

Annex I

Review of emergency activities in 1993

1. The challenges of operating in situations of armed conflict, which are often marked by violence, severe human suffering and deprivation, insecurity and the absence of Governments, public institutions and the basic amenities of life, have not discouraged UNICEF from responding readily and rapidly to the needs of thousands of people throughout the world. In 1993, UNICEF responded both to complex emergencies, which are defined by the Department of Humanitarian Affairs as those for which a consolidated appeal is launched, and to situations in other countries, providing significant humanitarian assistance in 64 countries.

2. The majority of the complex emergencies are in Africa. Ethnic and factional conflicts, combined with natural disasters, especially drought, weak economies and poor infrastructures, have created environments conducive to anarchy and massive human deprivation and displacement. Africa, designated as the region of the highest priority for UNICEF by the Executive Board, also continued to receive the highest priority in terms of emergency assistance.

3. In 1993, UNICEF had some significant successes in its world-wide emergency operations. In Somalia, a measles immunization programme attained 75 per cent coverage. In Mozambique, UNICEF distributed and monitored the use of seeds and tools for resettled refugees and displaced persons. In the former Yugoslavia and in Liberia, UNICEF organized and managed psycho-social trauma counselling and care for traumatized children and child soldiers. In Iraq, kerosene, essential for the winterization programme, was distributed. In Angola, vital humanitarian assistance services were provided across lines of conflict. In Haiti, the attention of the world was drawn to the adverse side effects of sanctions on vulnerable groups, and in the Sudan, UNICEF was able to phase out its supplementary feeding programme in some parts of southern Sudan because it was no longer required.

4. The Office of Emergency Programmes has direct programme and operational responsibility for the emergency operations in Somalia and the former Yugoslavia, and also acts in an advisory capacity to support the geographic sections of Programme Division in giving day-to-day assistance to and monitoring of emergency activities in other countries. The senior staff of the office have continued to make field visits where necessary; these field visits are expected to be supported by more missions by senior management to affected countries so as to demonstrate headquarters commitment and boost staff morale. The Executive Office will work closely with the Office of Emergency Programmes and the Divisions of Personnel and Public Affairs to develop strategies that will improve the visibility of UNICEF in emergencies. This strengthened coordination is intended to give field offices more effective support.

Complex emergency activities in 1993

5. Afghanistan's continuing factional fighting has destroyed the economic and basic social infrastructures of the country, placing an estimated 3 million people at risk, the majority of whom are children and women. In April, a cholera epidemic swept across 22 provinces of the country, affecting 45,000 people and causing over 1,200 reported deaths. In addition, rampant injuries from mines have exacerbated these conditions, earning the country the unenviable reputation of being the largest minefield in the world.

6. Although UNICEF received only 14 per cent of the $2.2 million requested in the 1993 United Nations inter-agency appeal, this was temporarily offset by a balance of supplementary funds left over from 1992. A recommendation for a one-year bridging programme will be presented to the Executive Board at its second regular session in 1994 (E/ICEF/1994/P/L.22). UNICEF assistance has focused on emergency relief and rehabilitation, targeting primarily children and women among the 100,000 internally displaced families living in camps and the families of the 1.8 million returnees. The programme provided 1 million vaccines, 900,000 sachets of oral rehydration salts (ORS), 42 metric tonnes of essential drugs and medical supplies, 322 metric tonnes of supplementary food and 120,000 litres of fuel to health and other facilities. It also restored and reactivated 49 damaged health facilities. In the water supply sector, some 1,200 water points were developed and/or repaired and 12,000 wells were chlorinated during the cholera epidemic. Post-traumatic counselling and day care for children were the primary thrusts of the education programme. With a main office in Peshawar, Pakistan, UNICEF operates five sub-offices throughout Afghanistan which are staffed by national staff. Field operations are continuously reinforced by short-term missions of international staff visiting field offices from Peshawar on a rotating basis, depending on the security situation.

7. Angola's renewed civil war has paralysed most provincial and urban basic social infrastructures, disrupted essential social services and triggered massive population displacements. An estimated 3 million people have been affected by the conflict, including 1.5 million children. Almost 1 million people have sought refuge in neighbouring countries. Adding to the immense suffering of the injured and displaced people, the ability of the international community to deliver adequately pre-positioned relief aid was hindered in several regions because neither the National Union for the Total Independence of Angola (UNITA) nor the Government could guarantee access to them.

8. Confronted by the harsh reality of the renewed civil conflict and the mounting needs of thousands of children and women, UNICEF reassessed its priorities and developed the first of two 90-day plans that were adapted from the country programme for the period 1991-1995. In addition to the UNICEF-assisted programme, an inter-agency emergency appeal was launched in June 1993 for the period June 1993-May 1994, with a proposed UNICEF allocation of $50.79 million. This first plan directly benefited vulnerable groups in 8 of 18 provinces, while areas of conflict were reached intermittently by airlifting essential drugs and relief supplies.

9. A second 90-day plan began on 1 September, continuing the first plan. Improved negotiations between UNITA and the Government paved the way for more extensive relief activities in the latter half of 1993 by providing increased access to previously unserved areas such as the besieged cities of Kuito, Huambo, Malange and Mennigue. By the end of the year, UNICEF had provided assistance in a phased manner to 17 of 18 provinces. The UNICEF-supported health programme successfully vaccinated 861,000 children and women and supplied vitamin A supplements to 403,000 children. Relief and survival kits were distributed to 355,000 persons and nearly 1 million people received seeds and tools. The programme also provided improved water supply for 366,000 beneficiaries. To assist war-traumatized children, a UNICEF-supported training programme aimed to improve the counselling and teaching skills of 198 teachers, while 34,000 additional children benefited from teaching and educational supplies provided by UNICEF.

10. In Kuito, a city entirely destroyed by war, a joint UNICEF/Overseas Development Administration (United Kingdom of Great Britain and Northern Ireland) team of five UNICEF staff and 10 British nurses vaccinated 4,000 children under five years of age against measles and 4,500 women against tetanus in four days. This was the first time there had been vaccinations in the city in more than a year. In Malange, UNICEF is responding to the dire situation of 30,000 abandoned children by establishing supplementary feeding programmes and providing shelter. An additional $1.5 million advanced from the Central Emergency Revolving Fund were used to transform community kitchens into schools, provide trauma counselling and teacher training, establish health services and improve water supply and sanitation. Although humanitarian assistance expanded to more areas as the year progressed, limited access to areas of conflict still hampers relief activities. Fortunately, these clashes seem to be diminishing in intensity and frequency as both parties move towards a peace agreement.

11. The Humanitarian Assistance Coordination Unit, established by the Department of Humanitarian Affairs to support the Special Representative of the Secretary-General to Angola, coordinates all United Nations humanitarian assistance programmes in Angola. The Unit has played an important role in the peace efforts and in relief operations and has served as an important buffer between the politics of aid and the delivery of humanitarian assistance by the operational organizations. The Unit's management team consists mostly of staff seconded by UNICEF, the United Nations Development Programme and the World Food Programme, demonstrating the high level of inter-agency cooperation in Angola. With or without peace, UNICEF and its United Nations partners will still be faced with the daunting challenge of reconstructing the livelihoods and services of a population crippled by years of civil conflict.

12. Burundi's violent insurrection followed the failed military coup in October 1993 which forced nearly 1 million people to flee their homes. While one fourth of them remain displaced inside Burundi, the remaining 700,000 are scattered throughout Rwanda, the United Republic of Tanzania and Zaire. The situation forced the fleeing Burundis to compete for limited basic services with refugees who had fled the country previously due to ethnic tensions in earlier years. The difficult conditions resulted in untold suffering and epidemics that caused up to 100 deaths per day at the peak of the crisis.

13. In October, the Government of Burundi established a National Committee for Coordination and Monitoring of Humanitarian Emergency Assistance composed of 17 high-level officials and chaired by the Chairman of the National Committee of the Burundese Red Cross. UNICEF initially responded to the crisis by undertaking a subregional emergency operation, releasing approximately $550,000 from the Emergency Programme Fund to assist the refugees in neighbouring Rwanda and the United Republic of Tanzania. Relief aid provided by these and other funds included the rapid distribution of drugs (especially ORS and vaccines), medical supplies, blankets, cooking utensils and water purification agents. A consolidated appeal for $9.5 million was launched in the last week of November to cover immediate needs over the 90-day period ending 15 February 1994. UNICEF requested $2.6 million as part of the appeal for immediate implementation and expansion of interventions in the areas of supplementary feeding, vaccination campaigns, disposal of corpses, the distribution of drugs and medical supplies to health facilities, water treatment and distribution of shelter and household items (blankets, plastic sheeting, clothing, soap, etc.).

14. Although the situation in Burundi and its neighbouring countries has improved since the initial phases of the emergency, the root cause of the upheaval, ethnic conflict, remains a major obstacle to stabilization and progress. In the meantime, the urgent needs of some 250,000 displaced persons and of the rest of the affected population will need to be addressed before resettlement and rebuilding of the country begins.

15. Ethiopia is in the process of establishing peace and security and is establishing mechanisms to combat the threats of drought and famine. The country has made progress in developing a framework for a democratic Government and for the reform and rebuilding of a devastated economy and collapsed infrastructure. However, in spite of these positive trends, Ethiopia remains among the poorest nations, with infant and maternal mortality rates that are among the highest in the world. The instability in neighbouring Somalia has placed a heavy burden on Ethiopia, as thousands of refugees have overextended its weak social service infrastructure.

16. In responding to Ethiopia's transitional needs, UNICEF embarked on a bridging country programme based on emergency interventions and the continuum to development activities. The emergency programmes have focused on life-saving operations for Somali refugees and Ethiopian returnees, as well as for Ethiopians affected by drought and internal conflict. Some of these emergency interventions were supplementary/therapeutic feeding, rehabilitation of water supply and sanitation facilities and the provision of essential drugs, medical supplies, shelter and basic household items. Work has begun to establish an early warning system to monitor droughts and impending food shortages. Without relaxing attention on rapid responses to emergencies, the future focus of the UNICEF country programme for Ethiopia will be on area-based programming that emphasizes long-term planning for sustainable development, impact monitoring and the empowerment and involvement of women and local communities.

17. The difficult transition to independence of Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia (Serbia and Montenegro) has created the biggest humanitarian crisis in post-war Europe. An estimated 200,000 people have been killed, while

3.8 million have been internally displaced or become refugees. Economic disruption, war, the collapse of basic social infrastructures and services and the lack of basic supplies have forced these republics to accept drastic reductions in living standards. Preventible diseases such as measles and diarrhoea are now rampant.

18. The impact of war on children has been devastating, with an estimated 15,000 children killed and more than 35,000 wounded in the fighting. Some 281,000 children currently live in besieged areas and war zones and 620,000 have either been displaced or become refugees. Many of the refugees and displaced persons have been severely traumatized, particularly the thousands of young girls and women who have been raped and tortured and who require specialized trauma counselling and care.

19. Bosnia and Herzegovina has been in a state of constant war since declaring independence in April 1992, with many besieged cities cut off from the world or paralysed by mass destruction and fear. Over one half of the UNICEF programme in the former Yugoslavia has been directed towards meeting the overwhelming needs of this republic. UNICEF provided critical support to the health sector in accessible areas such as Sarajevo, where immunization coverage rose to 80 per cent, and cold-chain equipment was supplied to 27 other cities. Supplementary feeding programmes in Sarajevo reached a total of 71,000 children and women, while rehabilitation efforts restored 40 per cent of the city's main water system. UNICEF also supported psycho-social programmes in Sarajevo to provide trauma counselling and care to displaced and abandoned children, and to train teachers to manage traumatized children.

20. In Croatia, UNICEF-assisted programmes raised coverage of the expanded programme on immunization (EPI) from 50 to 95 per cent and ensured the distribution of medical kits to displaced persons and refugees. Educational programmes have increased children's awareness of mines while peace education has provided survival and coping skills to children affected by the conflict. War-traumatized children are also receiving counselling and therapy from teachers trained by UNICEF-supported programmes.

21. Although not directly involved in the ground war, the former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia (Serbia and Montenegro) were affected severely by a massive influx of over 600,000 refugees as well as by pervasive economic devastation. UNICEF assistance to these republics targeted primarily refugees from Croatia and Bosnia and Herzegovina and included counselling for traumatized children, the distribution of school supplies and materials, immunization, supplementary feeding, the distribution of medical supplies, and the provision of safe water and other survival items.

22. Situation analyses carried out in the region have made it clear that the scale of devastation and suffering, especially in Bosnia and Herzegovina, is such that overall rehabilitation and longer-term programme activities will be equally crucial. Given its mandate, UNICEF therefore should provide not only emergency relief, but also rehabilitation and longer-term support for children. Two-year bridging recommendations will be presented to the Executive Board at its second regular session in 1994 for Bosnia and Herzegovina, Croatia, the Federal Republic of Yugoslavia and the former Yugoslav Republic of Macedonia

(E/ICEF/1994/P/L.24, E/ICEF/1994/P/L.25, E/ICEF/1994/P/L.26, and E/ICEF/1994/P/L.27 respectively).

23. Because of the political crisis in Haiti, emergency relief programmes have had to be continued because large sectors of the population face severe difficulties in meeting basic needs such as food, health care, potable water and education. In the face of growing shortages, UNICEF focused on the provision of essential drugs and supplies to about 500 health facilities throughout the country. Also in 1993, immunization activities were intensified. Working with non-governmental organizations and constitutionally elected mayors, UNICEF supported an immunization campaign for all EPI antigens except tuberculosis and the distribution of vitamin A capsules in two communes of Port-au-Prince. The campaign increased coverage from 10 per cent to about 40 per cent. In addition, in response to measles outbreaks that have ravaged an undernourished child population and accounted for 14 per cent of child deaths, UNICEF and other partners have been assisting the Ministry of Public Health to prepare for nationwide measles vaccination campaigns coupled with the provision of vitamin A capsules. Implementation has already started in some parts of the country.

24. Other activities undertaken under the UNICEF emergency programme included the control of diarrhoeal diseases (CDD) and development of national guidelines for combating acute respiratory infections (ARI). UNICEF-supported programmes benefiting 15 institutions have served some 5,000 children in especially difficult circumstances. In poor and marginal urban areas, UNICEF subsidized the provision of water and the construction of community water tanks, benefiting approximately 400,000 people, or about 30 per cent of the inhabitants of the marginal areas of Port-au-Prince. In areas affected by the arrival of displaced persons, UNICEF provided support for water supply development and improved sanitation.

25. Because international support for the appeal for humanitarian assistance by the United Nations and the Organization of American States has been limited to date, UNICEF must continue to concentrate on the most urgent needs in order to mitigate the suffering associated with the current crisis in Haiti.

26. In Iraq, hyperinflation has decreased the buying power of the poor and even middle classes as the price of essential commodities has sky-rocketed, while the average monthly salary of civil servants has remained stagnant. Concurrently, the infrastructure of basic services such as health, agriculture and water supply continues to crumble as the sophisticated high-tech systems funded before the war by oil revenues fall into disrepair due to lack of spare parts and trained human resources, creating dependency on United Nations assistance. The effect of these inadequate facilities is evident in the return of preventable diseases such as malaria and cholera.

27. In response to Iraq's continued humanitarian needs, the United Nations launched an inter-agency appeal for $467 million to cover the most basic requirements of the population for the period 1 April 1993-31 March 1994. The UNICEF share of the total appeal was about $85 million, but as of December 1993, only 41 per cent of this segment had been funded. Specific UNICEF interventions included assistance for the rehabilitation of urban and rural water supply and sewage systems, creative education for traumatized children, the distribution of

heating/cooking fuel, renovation of schools, the provision of essential educational supplies, support for immunization campaigns and a variety of health interventions, including for ARI, CDD and a nutrition programme.

28. The Government of Iraq has contributed $2 million to UNICEF through the Central Water Authority of Iraq. The funds helped to cover local costs of water supply and sanitation projects in central and southern Iraq.

29. Another unique feature of the Iraq programme is the ongoing distribution of some 120 million litres of heating/cooking fuel to families and institutions in the north for the harsh winter season. Nominal fees are charged for the kerosene to cover local distribution costs and the balance of funds is put into the "Children's Fund" to finance projects that benefit children, such as the installation of sanitary facilities in primary schools.

30. Kenya has experienced a combination of economic deterioration, tribal clashes, drought and an influx of refugees which has plunged parts of the country into a "silent emergency" of escalating proportions. Provinces of northern and north-eastern Kenya suffered a devastating drought and at the same time saw an ever growing number of refugees, now some 370,000 persons, from Somalia and the Sudan. This refugee influx has strained increasingly limited resources in a highly fragile environment and also negatively affected vulnerable groups living in those areas who were already disadvantaged by chronic underdevelopment and drought. Adding to these pressures, a sharp increase in banditry and violence in the northern provinces impeded emergency operations and threatened the security of relief workers. The September 1993 attack on a UNICEF field office in the north (Wajir), in which the pilot of a UNICEF chartered aircraft was killed and a UNICEF staff member wounded, underscored insecurity in the region.

31. The UNICEF response to the crisis in the north began in 1992 and continued in 1993 with $10 million in funding from the Department of Humanitarian Affairs Special Emergency Appeal for the Horn of Africa (SEPHA). Emergency programmes continue to support activities in supplementary feeding, water supply and primary health care for nomads. In central Kenya, UNICEF also spearheaded an emergency response to a sudden attack of yellow fever which threatened nearly 1 million people. Successful mobilization of human resources and over $1 million resulted in the rapid inoculation of 800,000 people within six weeks of the outbreak, thus reducing loss of life and morbidity.

32. Liberia's vicious civil war has been marked by atrocities inherent to wars intensified by ethnic intolerance. Vengeful acts of violence were perpetrated against innocent victims, primarily women and children. Widespread looting, killing of civilians, child soldiering and acts of sexual violence have created an atmosphere of fear and insecurity which has severely hindered most forms of resettlement or recovery. The violent Harbel Massacre of June 1993, in which nearly 600 displaced women and children were killed and mutilated in one night, represents the magnitude of the carnage and insecurity that have become unfortunate trademarks of the Liberian conflict. Sporadic fighting and violence have caused about 700,000 people to flee the country, while countless thousands are internally displaced.

33. In July 1993, a joint peace initiative by the United Nations, the Organization of African Unity (OAU) and the Economic Community of West African States (ECOWAS) culminated in the signing at Geneva of a peace agreement between Liberia's three rival factions. The agreement included provisions for a cease-fire, disarmament and formation of a transitional Government and urged the acceleration of refugee repatriation and expansion of humanitarian relief operations. The agreement opened up vital access for interregional relief convoys to reach vulnerable groups for the first time. However, the subsequent emergence of two additional factions now poses serious threats to the relief effort as well as the peace process.

34. Although funding of non-food assistance programmes has been only about one third less than requested since the beginning of the emergency programme, UNICEF has succeeded in mitigating large-scale suffering and mortality through a variety of innovative interventions. Restoration of water supply and sanitation systems in urban areas, especially Monrovia, has improved access to these facilities from near 0 to 25 per cent. Rehabilitation and reconstruction of wells fitted with hand-pumps has continued in 7 of 13 counties and will be expanded in 1994. In the area of health, a combination of mobile services and fixed facility renovation is increasing access from none in many places to a target of 70 per cent. Liberia's ailing education programme was revived with the help of materials and supplies provided by UNICEF, which encouraged students and teachers to return to schools in all of the 13 counties. UNICEF also supported programmes in post-traumatic counselling and peace education to address the overwhelming need for mental rehabilitation of Liberia's innocent victims of war.

35. Peace, at present, is extremely tenuous. Although the Cotonou Agreement holds out hope for Liberia's future, insecurity is prevalent throughout the country. The slow deployment of ECOWAS troops and United Nations observers has postponed the commencement of the disarmament process, which, in turn, has delayed the installation of the transitional Government. There are further political and military complications which need to be resolved quickly in order to move the peace process forward. If not, humanitarian work will continue to be impeded and vital relief assistance prevented from reaching those who need it most.

36. In 1993, peace and a long overdue harvest ended years of drought, famine and civil war in Mozambique. Resettlement of returnees and displaced persons proceeded rapidly. However, except in some areas, food production was impeded severely by the presence of millions of land-mines left behind by both sides to the conflict. Epidemics of measles and cholera plagued large portions of the population who had been deprived of health care in areas isolated by armed conflict. The impact of the long civil war has been exacerbated by the pervasive poverty that now affects over half of the population, replacing war as the primary threat to security. This extreme poverty has fuelled increased waves of crime, especially armed banditry, that have deterred the return to normal life for thousands of fearful victims.

37. The UNICEF programme of emergency relief assistance was expanded into areas previously held by the Resistência Nacional Moçambicana (RENAMO). Over 135,000 women and children were vaccinated with EPI antigens, 42 health centres were

restored and reactivated and health kits were supplied to 83,000 demobilized soldiers and their families. Supplementary feeding centres received 151 metric tonnes of food to feed 3,000 children and 150 mothers. UNICEF provided 11 drilling rigs, 712 hand-pumps and training to provide potable water to the drought-stricken resettled areas. In the peri-urban areas, repair of water networks benefited some 40,000 people. UNICEF efforts to re-establish food production were boosted by the distribution of some 750,000 tools and 3,500 metric tonnes of seeds to 200,000 people. The counselling and care of traumatized children also received special attention.

38. The political and economic disintegration of the former Soviet Union has affected nearly all of its successor States, but the Caucasus and Central Asian States have experienced extreme hardships that place them among a priority list of growing complex emergencies. Armenia, Azerbaijan, Georgia and Tajikistan were among the poorest and most ethnically diverse states of the former Soviet Union and consequently have suffered the most devastating transition to independence. Fueled by ethnic, religious and economic disturbances, the region has erupted into a series of violent conflicts and turmoil which precipitated the displacement of thousands of families. The conflicts have affected children and women most and the capacities of these Governments to respond to emergencies have been severely reduced.

39. Relief efforts, which began in 1992, expanded in 1993 as the region not only required emergency assistance, but also medium- to long-term development assistance. UNICEF will complete the establishment of country offices in Armenia, Azerbaijan and Tajikistan by the end of 1994 to implement more substantial assistance programmes. A recommendation for a country programme for Georgia will be submitted to the Executive Board at its second regular session in 1994 (E/ICEF/1994/P/L.28). UNICEF, in close collaboration with the World Health Organization, the Office of the United Nations High Commissioner for Refugees and various NGO partners, has worked to relieve the immediate suffering of displaced children and women by airlifting drugs and medical supplies, vaccines, high-protein biscuits, ORS sachets and other relief items. As field offices in the region become fully established and staffed, needs assessments will be translated into short- and long-term assistance programmes aimed at meeting the urgent needs of children and women and at supporting the restoration of basic social services.

40. Rwanda's violent civil war escalated early in 1993, compounding further the devastation of years of instability in the country. The deaths of thousands of innocent victims, the displacement of nearly 1 million civilians and the destruction of a fragile economy and social service infrastructure challenged the international community and the Government to pursue peace negotiations. The President of Rwanda and the Chairman of the Rwandese Patriotic Front signed a landmark peace agreement on 4 August 1993 brokered by OAU, the United Nations and the Government of the United Republic of Tanzania. The agreement created a framework for peace which has paved the way for expanding much-needed emergency relief and reconstruction activities.

41. The suffering of Rwanda's displaced and poverty-stricken population was further exacerbated in October when 350,000 refugees poured across the border from Burundi after a failed military coup ignited violent tribal massacres

there. The land and people of Rwanda, already ravaged by war and drought, provided little relief for this massive influx. Consequently, the displaced neighbours as well as their hosts experienced immeasurable suffering. It is estimated that famine will strike nearly 2 million people as the drought and the added strain of the more than 1 million displaced victims compound the current disaster.

42. The urgent demand for emergency relief for both displaced Rwandans and refugees from Burundi overshadowed regular programme needs and UNICEF responded accordingly, raising some $2.8 million for emergency activities serving Rwandans and $384,200 to assist the 350,000 refugees from Burundi. Emergency interventions concentrated on meeting the survival needs of several thousand displaced persons housed in camps and abandoned buildings. Priority interventions included immunization, CDD, vitamin A distribution, adequate water supply and sanitation, distribution of nutritional biscuits and construction of temporary schools. As the peace process gets under way, the challenge for the international and national communities will be to focus on the demands of the immediate emergency while moving to reconstruction and development.

43. Somalia continues to be a priority for UNICEF. The deterioration of the security situation in Mogadishu following the events of 5 June, when 23 Pakistani soldiers who were part of the United Nations Operation in Somalia (UNOSOM) were killed, followed by demonstrations, curtailed UNICEF activities in the city. Following the temporary evacuation of non-essential personnel, UNICEF redeployed many of its Mogadishu-based international staff to other locations in the country. Shortfalls in funding were also a major constraint in 1993. As of December 1993, UNICEF had only received $15.2 million of its $33 million appeal. This shortfall of 46 per cent has severely curtailed programme activities. In December, UNICEF participated in the fourth humanitarian conference on Somalia, held at Addis Ababa, and requested a total of $32.2 million for activities in 1994. Prior to that conference, UNICEF worked closely with the Department of Humanitarian Affairs, UNOSOM and the World Bank in drawing up a longer-term rehabilitation plan for Somalia.

44. Throughout 1993, UNICEF maintained one of the largest presences in the country with over 160 staff, 40 of whom were international, despite enormous security constraints and the direct targeting of United Nations staff and increased banditry. Two international staff were killed in Somalia in 1993. UNICEF is operating from eight locations, in all four zones in Somalia: Mogadishu, Kismayo, Bossaso and Hargesia.

45. In 1993, UNICEF supported 76 maternal and child health centres (MCH) covering most districts in Somalia. UNICEF also trained more than 500 community health workers (CHWs) and 158 traditional birth attendants (TBAs) to develop a country-wide network of immunization centres. Some 200 nurses, 100 midwives and 20 sanitarians received practical training for their work at the MCH centres.

46. Somalia made considerable progress towards universal child immunization for measles, thus reducing the threat of mass child deaths from measles epidemics. By the end of October 1993, more than 750,000 children had received measles vaccinations and an equal number had received a dose of vitamin A. This has resulted in coverage of over 70 per cent in most of the country, a staggering

achievement when compared to the pre-war level of 30 to 40 per cent. To achieve this goal, UNICEF established a central vaccine store in Mogadishu, regional cold chains in all of Somalia's 18 regional headquarters and trained 400 vaccinators, 40 supervisors, 24 cold-chain technicians and 6 mid-level EPI managers.

47. To address the nutritional needs of women and children, UNICEF supported and maintained supplementary and therapeutic feeding programmes that fed more than 200,000 children and women. UNICEF also initiated a country-wide monitoring system to detect vulnerable populations before the onset of severe malnutrition. The country-wide distribution of some 3 million ORS sachets was undertaken during the measles campaign, ensuring that all health facilities, TBAs and CHWs in various parts of the country had adequate supplies of ORS.

48. UNICEF water supply programmes benefited more than 380,000 people throughout Somalia. Four urban water systems and 90 shallow wells were renovated or constructed, more than 260 shallow wells were chlorinated and 20 community leaders trained in maintenance of water systems. To ensure a sanitary environment, UNICEF built 152 ventilated improved pit latrines, provided communities and NGOs with 1,480 sanitation tools and supported seven urban sanitation projects.

49. In education, the main objective was to intervene at the community level to offer children access to basic education. In 1993, UNICEF assisted in the rehabilitation of 107 primary schools by providing low-cost construction materials and educational kits that benefited some 50,000 schoolchildren. UNICEF also worked with NGOs and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in printing textbooks and providing teaching materials and training to 558 primary schoolteachers.

50. The 10-year armed conflict in the Sudan between the Government and the Sudanese People's Liberation Army (SPLA) has been exacerbated by interfactional fighting within SPLA. This, coupled with natural disasters such as flooding, has placed 7.6 million people in immediate need of some form of non-food assistance. Not only have insecurity and inaccessible road conditions hampered service delivery, but the effectiveness of relief workers was considerably reduced as their movements were restricted by complex government travel authorizations and security restrictions.

51. UNICEF received $24.8 million, or 61 per cent of the original $40.8 million SEPHA appeal launched in 1993. The emergency programme for the Sudan is implemented out of two bases: Khartoum, serving the government-controlled areas of the south and the north in general; and Nairobi/Lokichokio, serving the areas in the south controlled by SPLA. This approach has maximized use of air, river and land routes wherever possible to reach the greatest number of beneficiaries. The emergency programme is integrated into the regular country programme wherever feasible so as to create a continuum from relief to development.

52. Through negotiation efforts led by the Department of Humanitarian Affairs, access to areas in the south opened up in 1993 and assistance to children and women by Operation Lifeline Sudan (OLS)-South reached 45 locations, up from

seven in 1992. It should be noted that 30 per cent of the locations served by OLS-South were in government-controlled areas, thus reviving the concept that both sides of the conflict would be served by OLS-South - a shift from previous years, when assistance in government-controlled areas was primarily provided by OLS-North. The UNICEF-assisted programme in accessible areas included the vaccination of over 200,000 children, provision of educational supplies and repairs benefiting 460,000 children, training of 1,000 teachers, renovation and/or development of 787 water points, delivery of over 1,000 metric tonnes of seeds and 3 metric tonnes of tools to farmers (including fishing equipment), and supply of over 1,300 metric tonnes of supplementary food for 56,000 malnourished women and children in 99 feeding centres. At the peak of its operation, OLS-South was providing 300 tons of relief supplies each month, reaching more than 1.5 million people.

53. Although developmental elements have been integrated into the emergency programme wherever possible, it appears that emergency operations will continue to be a major preoccupation while the political situation limits the expansion of programmes beyond the survival phase. Thus, an early warning system for disasters must be developed so that mitigation strategies can be in place before disasters strike. The need to reduce transport costs should also be underscored by resuming talks on access routes with the various factions through the Department of Humanitarian Affairs. This will ensure that the parties involved will continue to support agreed transport routes as well as to negotiate new routes that will provide maximum access at the lowest possible cost.

54. Since 1991, political and socio-economic conditions in Zaire have continued to deteriorate in the wake of hyperinflation, violence and looting which have left the country in a spiralling state of ruin. Ethnic unrest has continued to cause population movements as an estimated 350,000 displaced persons have poured into makeshift camps in the Shaba and Kasai regions. To date, 100,000 people remain in overcrowded and unsanitary camps with limited options for relocating to new areas or returning to their original homes because ethnic tensions continue in certain regions. The insecurity and unreliability of overland and river transport within Zaire and the sheer vastness of the country continue to impede relief efforts as many areas are only accessible by airplane.

55. The combination of a crumbling central Government and nationwide looting has virtually destroyed Zaire's fragile system of social services, with the health sector most affected. In response to the current crisis, as in 1992, UNICEF has again shifted its emphasis to emergency relief activities. Community-based mechanisms for implementing the emergency programme were developed further so as to revitalize village health and development committees as a tool for reaching vulnerable groups, despite the lack of central and regional infrastructure and the size of the country. Close collaboration with NGOs and church groups with years of experience in Zaire's rural health sector helped to maximize coverage at the community level. UNICEF-supported programmes included provision of essential drugs and vaccines, supplementary feeding, water supply and sanitation and some basic shelter materials.

Other emergency activities in 1993

56. In Belarus, the worsening economic situation and weakening of basic social infrastructures and services have caused severe suffering. The economic change was so abrupt that social safety nets were unable to keep up with the rate of deterioration. All of these problems have been exacerbated by the effects of the accident at the Chernobyl nuclear power plant. The 1986 disaster in Ukraine also affected Belarus and required the resettlement of populations and the organization of specialized medical care for affected children.

57. Early in 1993, a UNICEF programming mission to Belarus determined high-priority, short-term emergency needs with the Ministry of Health. Specific requests were formulated for cold-chain equipment and training, vaccines, medical supplies and salt iodization. A follow-up mission focused on plans to reduce vaccination contraindications, improve the national vaccination schedule and support the country's participation in the International Workshop on Lactation Management and the Baby-Friendly Hospital Initiative held at St. Petersburg, the Russian Federation, in August-September 1993. Essential drugs have already been distributed to all six oblasts (districts) and combined diphtheria/pertussis/tetanus (DPT) and diphtheria/tetanus vaccines are being provided to meet urgent needs and continue the programme during the first quarter of 1994.

58. In March 1993, the Government of Canada contributed 500,000 Canadian dollars ($397,000) to assist children and women in Belarus. The rapid and efficient implementation of this project was praised by the Belarusian authorities and media. Close collaboration has been established between the Government, the United Nations field office in Belarus and UNICEF in order to support present and future activities. Having ratified the Convention on the Rights of the Child and signed the Declaration of the World Summit for Children, Belarus is now focusing on elaborating a national programme of action. In the next few years, economic conditions are likely to remain very volatile and unpredictable and therefore will require close monitoring.

59. Ukraine's difficult economic situation, coupled with deteriorating, outmoded health and other basic services, have placed a significant segment of its population at risk. Existing problems and the increasing financial burden following the Chernobyl disaster have been exacerbated by the current diphtheria epidemic and the need to revaccinate 2 million children who in the past were not properly immunized with DPT vaccine.

60. In 1993, the Government of Canada contributed 2.5 million Canadian dollars ($1,984,000) to provide emergency health support to children and women in Ukraine. The Government of Ukraine has expressed appreciation for the rapid and efficient implementation of the Canadian contribution. A special UNICEF programming, implementation and monitoring team visited Ukraine during the spring and autumn of 1993. Specific requests for vaccines, cold-chain equipment, medical supplies and essential drugs were formulated with relevant Ukrainian ministries. Two thirds of the supplies requested have already been delivered. Beyond supply-related assistance, UNICEF is providing Ukraine with technical assistance for health promotion, breast-feeding, salt iodization and for the preparation of a national programme of action. Ukraine, which has

already ratified the Convention on the Rights of the Child and signed the Declaration of the World Summit for Children, participated in early 1993 in a meeting on national programmes of action sponsored by UNICEF and held at Budapest and has created a national commission to elaborate its own national programme of action. These activities are being undertaken in close collaboration with the Vice Prime Minister and the United Nations field office in Ukraine within the broader framework of the national human development strategy.

61. Since April 1991, UNICEF has been collaborating with the United Nations Inter-Agency Task Force for Chernobyl. With support from the German Committee for UNICEF totalling $337,000, iodized oil capsules and equipment have been provided for the treatment of iodine deficiency disorders among children. With an additional $445,000 from the German Committee, UNICEF is collaborating with UNESCO to establish community centres in Ivankiv and Slavoutivh for the rehabilitation of children and women affected by the Chernobyl disaster. As in Belarus, economic conditions are expected to remain volatile in the next few years and will require monitoring.

Annex II

Use of the Emergency Programme Fund during the 1992-1993 biennium

1. In decision 1992/14 (see E/ICEF/1992/14), the Executive Board called for greater consistency, clarity and transparency in the presentation of budgetary information on the use of global funds. Accordingly, a report on the utilization of the global funds in 1992 was prepared to conform to these requirements. The report was presented to the Executive Board at its 1993 regular session (E/ICEF/1993/P/L.30) as an interim account for the 1992-1993 biennium. As one of the four global funds, the Emergency Programme Fund (EPF) was included in that report.

2. EPF continues to be one of the most important UNICEF instruments for responding rapidly to emergencies. The fund is pivotal, not only for facilitating UNICEF-initiated activities in emergencies, but also for providing technical support for the development of various policy issues relating to these activities, as well as the humanitarian activities of the United Nations system.

3. Currently, EPF provides funds to meet interim emergency needs when no inter-agency appeal has been launched. It also provides indispensable cash flow for initiating actions in complex emergencies pending the receipt of donor contributions. In addition, EPF helps to finance UNICEF participation in inter-agency assessment missions when the field offices are unable to support these costs.

4. EPF was set up as a revolving fund to provide ready resources for UNICEF interventions, especially during the initial stages of emergencies. In principle, allocations from EPF are replenished, subject to donor agreement, from supplementary funds. A total of $21 million was allocated from EPF in the 1992-1993 biennium. Replenishments accounted for $9.2 million, resulting in $11.8 million in net allocations from EPF. Some 77.2 per cent of the allocations were disbursed to the field and only 22.8 per cent to global interregional activities.

5. The regional distribution of EPF allocations at the field level is summarized in table 1 below. Emergencies in Africa continued to receive the highest share, comprising 38 per cent of total EPF allocations at the field level. Countries in Central and Eastern Europe and the Commonwealth of Independent States received 30 per cent of total allocations. The Americas and the Caribbean, Asia and the Middle East and North Africa received 16, 9 and 7 per cent, respectively, of total allocations.

6. During the biennium 1992-1993, $9.1 million was disbursed from EPF to 42 countries in various stages of emergencies. In addition, EPF supported UNICEF overall efforts in policy development, coordination and capacity-building to strengthen the global response of the organization to emergencies. The EPF budget, actual expenditures and posts funded from EPF for the biennium are summarized in tables 1 and 2 below.

Table 1. Emergency Programme Fund: costs by funding and budget line items and headquarters posts by category and grade

(In thousands of United States dollars)

COSTS	Approved 1992–1993	Revised 1992–1993	Actual expenditure 1992–1993	VARIANCE Revised vs actual	
				Amount	Percentage
General resources					
Country/regional programme allocations	12,700.6	11,314.0	9,041.4	(2,272.6)	(20.1)
Headquarters:					
Programme inputs					
Material and publications	0.0	0.0	0.0	0.0	NA
Training	160.0	200.0	105.7	(94.3)	(47.2)
Cash assistance	0.0	67.0	82.0	15.0	22.4
Supply assistance	0.0	0.0	0.0	0.0	NA
Subtotal, Programme inputs	160.0	267.0	187.7	(79.3)	(29.7)
Staff costs					
International Professional	713.4	1,607.0	894.7	(712.3)	(44.3)
Local staff	196.0	336.0	449.9	113.9	33.9
Consultants	0.0	100.0	310.5	210.5	210.5
Subtotal, staff costs	909.4	2,043.0	1,655.1	(387.9)	(19.0)
Nonstaff costs					
Travel	230.0	230.0	289.3	59.3	25.8
Furniture and equipment	0.0	136.0	111.2	(24.8)	(18.2)
Miscellaneous supplies and services	0.0	10.0	3.2	(6.8)	(68.0)
Subtotal, Non-staff costs	230.0	376.0	403.7	27.7	7.4
Headquarters total	1,299.4	2,686.0	2,246.5	(439.5)	(16.4)
DFM adjustment			-53.2		
Total General resources	14,000.0	14,000.0	11,231.7	(2,765.3)	(19.8)
Total Supplementary funding	0.0	0.0	0.0	0.0	NA
Total costs	14,000.0	14,000.0	11,234.7	(2,765.3)	(19.8)
POSTS					
General resources					
International Professional					
L-7	1	1	1	0	0.0
L-6	0	0	0	0	NA
L-5	0	0	0	0	NA
L-4	2	4	4	0	0.0
L-3	0	1	1	0	0.0
L-2/1	1	2	2	0	0.0
Subtotal	4	8	8	0	0.0
National Professional	0	0	0	0	NA
General Service	4	4	4	0	0.0
Total General resources	8	12	12	0	0.0
Total Supplementary funding	0	0	0	0	NA
Total posts	8	12	12	0	0.0

Note: As of 31 December 1993.
DFM = Division of Financial Management

Table 2. Emergency Programme Fund 1992-1993: summary of allocations to countries for the 1992-1993 biennium

Countries	New allocations 1992-1993 (US$) Gross	Net
10 major emergencies		
Afghanistan		
Angola		
Ethiopia		
Iraq	1,000,000	
Kenya	500,000	500,000
Liberia	200,000	200,000
Mozambique	500,000	500,000
Somalia	823,000	
Sudan		
Yugoslavia (former)	5,260,500	
Subtotal	8,283,500	1,200,000
Africa, other		
Burundi	100,000	100,000
Cameroon	71,500	71,500
Cote d'Ivoire	125,000	125,000
Ghana	77,700	77,700
Madagascar	170,000	170,000
Malawi	150,000	53,689
Mauritania	20,000	20,000
Namibia	150,000	150,000
Rwanda	484,200	484,200
Sierra Leone	220,000	220,000
United Republic of Tanzania	72,000	72,000
Zambia	150,000	150,000
Zimbabwe	150,000	150,000
ESARO	200,000	200,000
WCARO	203,200	203,200
Subtotal	2,343,600	2,247,289
Americas		
Cuba	100,000	100,000
Ecuador	300,000	300,000
Haiti	1,110,000	885,382
Honduras	65,000	65,000
Peru	100,000	100,000
Subtotal	1,675,000	1,450,382

Countries	New allocations 1992-1993 (US$) Gross	Net
Asia, other		
Bangladesh	395,000	
Cambodia	120,000	120,000
Nepal	423,000	388,000
Sri Lanka	300,000	300,000
Subtotal	1,238,000	808,000
Middle East and North Africa, other		
Djibouti	70,300	70,300
Lebanon	429,000	429,000
Yemen	150,000	150,000
Subtotal	649,300	649,300
Central and Eastern Europe, other		
Albania	500,000	
Armenia	422,907	72,907
Azerbaijan	435,561	85,561
Belarus	24,413	24,413
Estonia	36,317	36,317
Georgia	350,000	350,000
Kazakhstan	444,945	444,945
Kyrgyzstan	272,528	272,528
Latvia	45,797	45,797
Lithuania	66,830	66,830
Moldova	20,405	20,405
Russian Federation	349,240	201,028
Tajikistan	606,855	606,855
Turkmenistan	98,419	98,419
Ukraine	55,203	55,203
Uzbekistan	389,580	376,703
Subtotal	4,119,000	2,757,911
Interregional	2,686,000	2,686,000
Total allocations	20,994,400	11,798,882
Biennium ceiling:		14,000,000
Total net allocations 1992-1993:		11,798,882
Unallocated balance:		2,201,118

Note: Does not include funds allocated in prior years.

ESARO = Eastern and Southern Africa Regional Office

WCARO = Western and Central Africa Regional Office

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7. Although emergency expenditures have more than tripled since 1991, the planning level for EPF did not change until it was increased by the Executive Board early in 1994 (E/ICEF/1994/13, decision 1994/R.1/7). Although the Central Emergency Revolving Fund (CERF) became operational in May 1992, there have been some problems with the utilization of advances from the Fund. CERF makes advances only on the basis of inter-agency consolidated appeals, the preparation of which can be time-consuming. Thus, if the use of EPF is restricted, the emergency response could be delayed. Further, as advances from CERF are subject to replenishment by donor contributions, weak donor funding may discourage the utilization of advances from the Fund.

Country activities in 1993

8. During the biennium 1992-1993, 42 countries received funding from EPF. Activities in 1992 were discussed in the report on the use of global funds for 1992-1993 (E/ICEF/1993/P/L.30). An account of 1993 activities is provided below.

Africa

9. EPF allocations were used to meet urgent needs of the countries not covered by the consolidated appeals, including Côte d'Ivoire, Ghana and Sierra Leone. EPF supported emergency health care activities in Côte d'Ivoire and Ghana to meet the needs of refugees fleeing Liberia. In Sierra Leone, because of new opportunities opened up by the signing of the Liberian peace agreement in July 1993, EPF allocations were used to rehabilitate child soldiers and reintegrate them into civilian life.

10. While participating in the inter-agency assessment on the requirements of refugees and displaced persons in Burundi, UNICEF provided subregional emergency assistance to Burundi and the neighbouring countries of Rwanda and the United Republic of Tanzania. Liberia also received a conditional allocation for the rehabilitation of demobilized child soldiers following the peace agreement signed at Cotonou, Benin, in July 1993. These activities have been incorporated into the UNICEF component of the consolidated appeal for Liberia which is to be released shortly.

11. Because Africa is a region of high priority for emergency assistance, funds were provided to the Eastern and Southern Africa Regional Office (ESARO) and the Western and Central Africa Regional Office (WCARO) for strengthening regional capacities to respond to emergencies. ESARO received a total of $200,000 for building regional capacity in preventive planning, stress/trauma management and support for ongoing emergency operations in the region. Some of the activities undertaken were a regional emergency management training workshop, two crisis management training workshops, staff orientation in stress/trauma management and provision of support to emergency operations in countries with complex emergency situations.

12. WCARO received $203,200 for the establishment of early warning systems and emergency preparedness planning in emergency-prone countries, for providing back-up support for management of emergency programmes and for strengthening the regional communication system. The latter involved an in-depth technical and

feasibility assessment of the entire regional communication system by the Office of Information Resource Management, in conjunction with the counterpart section in the regional office. The system will facilitate vital communication links within the region through a radio network as well as the INMARSAT satellite system.

Americas and the Caribbean

13. While the political crisis continued in Haiti, funds were provided to meet immediate needs in the areas of health, water supply and sanitation and supplementary feeding, pending the receipt of donor contributions for the consolidated appeal released in March 1993. EPF also supported installation of a satellite telecommunication system in the UNICEF office at Port-au-Prince when the local public telecommunication system could no longer function adequately. A detailed account of activities in Haiti is found in annex I, paragraphs 23-25, of the present report.

14. EPF was also used to provide support to countries in the region affected by various smaller-scale emergencies. In Ecuador, UNICEF provided health and water supply interventions following floods and landslides in the hilly region of the country. In Cuba and Honduras, EPF funds were used to provide essential drugs and oral rehydration salts (ORS) to victims of a tropical storm. Peru received an EPF allocation to meet the health and nutrition needs of indigenous children in the region affected by insurgencies.

Asia

15. EPF funding facilitated UNICEF relief efforts in Nepal when heavy rains hit the country in July, causing floods and landslides. The Government immediately established a central committee to coordinate relief activities, and United Nations organizations, under the leadership of the resident coordinator, responded to the Government request for assistance. UNICEF provided ORS, vaccines, cold-chain equipment, shelter materials and supplementary foods, particularly for children and women in relief camps. UNICEF also rehabilitated damaged tube-wells, hand-pumps and gravity-flow schemes.

16. EPF funds were also used to strengthen the region's emergency response capacity. In Cambodia, following the withdrawal of the United Nations Transitional Authority in Cambodia, United Nations organizations devised a security plan to protect staff and aid operations. EPF funds have been allocated so the UNICEF Cambodia office can participate in the plan.

Middle East and North Africa

17. As in other regions, EPF funds were used in the Middle East and North Africa for emergencies caused by natural disasters that were not covered by consolidated appeals. EPF supported provision of ORS and essential drugs following an outbreak of cholera in Djibouti. Following heavy rains and flooding in Yemen in February, UNICEF, as part of the United Nations inter-agency assessment team, identified immediate needs and supplied vaccines, essential drugs, shelter materials and cooking utensils. Funds from EPF supported part of these costs.

18. In Lebanon, a consolidated appeal was released in August 1993 after the southern part of the country came under attack from neighbouring Israel. UNICEF took part in inter-agency efforts to provide humanitarian assistance to the displaced population. Pending the response by donors to the appeal, funds were released from EPF to re-establish primary health care services and rehabilitate water-supply networks in affected areas.

19. The regional project for children in armed conflict, which is designed to enhance institutional and individual capacity in the region and goes beyond the traditional UNICEF role of addressing the physical and material survival needs of children, protects the psycho-social health of children exposed to warfare and armed conflict and is developing and improving regional training programmes for professionals who help severely traumatized children and their families. In the last decade, protracted confrontations in many countries in the region have exposed 40 million children to armed violence and strife.

20. EPF also funded a consultation in February that brought together experts and policy makers in the fields of trauma management, child development and child psychology. The consultation outlined proposals for the development of capacity-building activities and developed an outline and methodology for a casebook of studies on child trauma for use by professionals dealing with war-traumatized children.

21. Four other prototype materials are under preparation: a manual on pre-school-age children; a school contingency crisis plan; a manual for teachers and school counsellors; and a guidebook to support "helpers" who work with traumatized children. Another component of the project grew from the expressed needs of children and focuses on guiding parents in discussing sensitive subjects with children. Thus, through more open communication, children who have suffered from trauma can grow into healthy, open adults. Extensive field work and testing of these publications and of crisis interventions were conducted in the region in 1993.

Central and Eastern Europe and the Commonwealth of Independent States

22. Because the consolidated appeals for emergency operations in Central and Eastern Europe and the Commonwealth of Independent States were met with poor donor response in 1993, EPF funds were crucial in meeting the vast needs of these countries.

23. Funds were provided to meet the immediate needs identified in the consolidated appeals for Armenia and Azerbaijan, which were being torn apart by the political conflict over the Nagorny Karabakh region. Because of the onset of winter, UNICEF provided vaccines, essential drugs, health kits and warm clothing. The advances subsequently were replenished in full with general resource allocations approved by the Executive Board for both countries.

24. In Georgia, the dismantling of three ethnic autonomous territories that had existed under the former Soviet Union set off intense inter-ethnic strife. The consolidated appeal issued in March 1993 was based on needs assessments for the three regions, South Ossetia, Abkhazia and the Georgian region. In conjunction with the World Health Organization, UNICEF assumed responsibility for providing

humanitarian aid in the health and nutrition sectors and social welfare services. Funding from EPF was used to organize the consignment of vaccines, essential drugs, baby food and infant formula, which were airlifted and distributed to all sides in the conflict.

Interregional activities

25. During the biennium, a series of activities was undertaken regarding overall policy development, disaster prediction and preparedness, needs assessment, management of the UNICEF response to emergencies at the global level and UNICEF coordination with the United Nations and other organizations involved in humanitarian assistance. These activities were organized and directed by the Office of Emergency Programmes. EPF provided funding for 12 posts (8 international Professional and 4 General Service) for the office, as well as for operational costs for the office. In addition, EPF supported a number of other activities.

26. In order to enhance the capacity of UNICEF staff to deal with emergencies, reference materials were prepared and training sessions and workshops conducted on emergency management and security issues. In 1993, two regional workshops were held for staff involved in emergencies to develop their aptitude for emergency preparedness, planning and management. Also, a training session on stress management was conducted for staff in the Division of Personnel and the Office of Emergency Programmes to improve the support they provide to colleagues in stressful working conditions. The review and updating of the handbook, Assisting in Emergencies, and of the emergency manual was begun. This exercise is intended to reflect changes in the policy and procedures for UNICEF emergency programming and operations since it was last issued in 1986.

27. The Office of Emergency Programmes organized a "brainstorming" session in April to discuss major policy issues relating to emergencies. Several experts representing the United Nations system, non-governmental organizations and academic circles participated in the session. In addition, several studies focusing on particular policy issues were funded by EPF. The "Humanitarianism and War" project, launched in 1991 by Brown University (Rhode Island, United States of America), completed the first phase of its work by bringing out a resource handbook on humanitarian concepts for humanitarian workers. A study on UNICEF experiences in complex emergencies and the lessons learned is currently under way and will serve as a guide for future UNICEF interventions in similar situations.

28. In order to ensure coordination with the Department of Humanitarian Affairs and other United Nations agencies on a day-to-day basis, two staff members whose posts are funded from EPF are seconded to the Department of Humanitarian Affairs in New York and Geneva. EPF has also supported the cost of UNICEF participation in various inter-agency missions for emergency needs assessment and inter-agency meetings and forums on policy issues.

29. The development of policy and procedures for the preparation, implementation and evaluation of emergency programmes was also supported with funding from EPF. A consultative workshop was held to devise new approaches that address the special needs of children and families living in situations of armed conflict. In addition, a study was conducted on the appropriate mechanism for responding to the drought emergency in Eastern and Southern Africa.

Annex III

Releases authorized from the Emergency Programme Fund in 1993

(United States dollars)

Region/country	Nature of emergency/action taken	
AFRICA		
Burundi	Subregional response to the Burundi crisis: provision of emergency health kits and essential drugs to the affected and displaced population	100 000
Côte d'Ivoire	Liberian refugees: supply assistance, programme support and communication activities for EPI and CDD	125 000
Ghana	Liberian and Togolese refugees: provision of essential drugs	77 700
Liberia	Rehabilitation of child soldiers: trauma counselling, basic literacy and vocational training, tracing and family reunification services	200 000
Sierra Leone	Rehabilitation of child soldiers: provision of basic needs and psycho-social support to social reintegration	220 000
Rwanda	Humanitarian assistance: provision of essential drugs and assistance in water supply to displaced population	100 000
	Subregional response to the Burundi crisis: assistance in emergency health care, nutrition and food security for refugees and mobilization of refugee youth	384 200
United Republic of Tanzania	Subregional response to the Burundi crisis: provision of essential drugs, ORS, water purification tablets for refugees	72 000
Eastern and Southern Africa region	Strengthening of regional emergency capacity: support for planning and management for emergency programmes and staff security	200 000
West and Central Africa region	Strengthening of regional emergency capacity: support for planning and management for emergency operations and communications system	203 200
	Subtotal	1 682 100

Region/country	Nature of emergency/action taken	
AMERICAS AND THE CARIBBEAN		
Cuba	Tropical storm: provision of essential drugs	100 000
Ecuador	Flood and landslides: rehabilitation and rehousing assistance of affected population	100 000
Haiti	Consolidated Humanitarian Plan of Action: assistance in EPI and CSD activities and logistical support; strengthening of telecommunication system	625 382 a/
Honduras	Tropical storm: provision of essential drugs	65 000
Peru	Victims of political violence: provision of food to malnourished indigenous children	100 000
	Subtotal	990 382
ASIA		
Cambodia	United Nations Security Plan: UNICEF participation in common communication network	120 000
Nepal	Floods and landslides: assistance in emergency health care, supplementary feeding and water supply and sanitation in relief camps	388 000 b/
	Subtotal	508 000
MIDDLE EAST AND NORTH AFRICA		
Djibouti	Cholera outbreak: provision of ORS and essential drugs	70 300
Lebanon	Emergency humanitarian assistance: rehabilitation of PHC services and water supply network in South Lebanon and the West Bekaa	300 000
Yemen	Flood: provision of shelter materials and assistance in emergency health care	150 000
	Subtotal	520 300

Region/country	Nature of emergency/action taken		
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION			
Armenia	Inter-agency humanitarian programme: urgent winter requirements, such as essential drugs, vaccines, clothing and baby food		c/
Azerbaijan	Inter-agency humanitarian programme: urgent winter requirements such as essential drugs, vaccines, clothing and baby food		d/
Georgia	Emergency humanitarian assistance: provision of essential drugs, vaccines, ORS and baby food and baby formula and logistics support	350 000	
	Subtotal	350 000	
INTERREGIONAL ACTIVITIES	Programme support and policy development, coordination and capacity-building activities	2 014 000	
	Less replenishment against 1992 allocations	(1 500 000)	e/
	Total	4 564 782	

a/ The original allocation of $850,000 was replenished in part with a contribution from the Government of Canada ($224,618).

b/ The original allocation of $423,000 was replenished in part with a contribution from Government of the United Kingdom ($35,000).

c/ The original allocation of $350,000 was replenished with general resources approved by the Executive Board at its 1993 regular session.

d/ The original allocation of $350,000 was replenished with general resources approved by the Executive Board at its 1993 regular session.

e/ Includes replenishment of the allocations for Albania and Iraq released in 1992.

Annex IV

General resources/diversion/reprogramming of country programme funds and special contributions received in 1993 for emergency relief and rehabilitation operations

(United States dollars)

Region/country	Nature of emergency/action taken	
	A. GENERAL RESOURCES/DIVERSION/REPROGRAMMING	
AFRICA		
Angola	Provision of miscellaneous emergency supplies and equipment	5 835
Benin	Togolese refugees: assistance in school supplies and equipment	25 000
Burundi	Subregional response to the Burundi crisis: provision of essential drugs and relief supplies	71 393
Ethiopia	Early warning system: monitoring of food and non-feed needs in vulnerable areas	343 909
Kenya	Yellow fever: provision of essential medical supplies and programme support	166 691
Liberia	Civil war: restoration of permanent service delivery in PHC, rural water supply, education and social services	1 335 731
Mozambique	Reconstruction of household food production, education and employment and rebuilding of basic social and economic services	32 667
Somalia	Reactivation of basic services in health, nutrition, water supply and sanitation and education with a network of area-focused programmes	2 402 340
Sierra Leone	Liberian civil war: assistance in health, education and logistics and programme support for displaced persons	204 082
United Republic of Tanzania	Burundi crisis: provision of essential drugs, ORS, etc. for refugees	51 326
Zaire	Political and ethnic unrest: intervention in health, nutrition, water supply and sanitation and reinforcement of PHC centres	1 032 455
	Subtotal	5 671 429
AMERICAS AND THE CARIBBEAN		
Venezuela	Tropical storm: provision of ORS	21 569
	Subtotal	21 569

Region/country	Nature of emergency/action taken	
ASIA		
Afghanistan	Relief and rehabilitation: EPI activities and provision of ORS, essential drugs and micronutrients through PHC system and community mobilization	5 304 548
Bangladesh	Diarrhoea epidemic: strengthening of preparedness and response capacity	56 852
India	Maharashtra earthquake: provision of essential drugs, emergency aid kits, pump-sets and hand-pumps, etc.	369 794
Mongolia	Snowstorm: provision of clothing for children	51 846
Philippines	Tropical storms: provision of essential drugs and other relief supplies	50 000
Sri Lanka	Relief and rehabilitation: access to basic health, nutrition and primary education services, shelter, etc. to displaced persons	201 805
	Subtotal	6 034 845
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION		
Albania	Emergency health assistance: provision of vaccines	20 981
Armenia	Ethnic conflict and economic transition: provision of clothing, weaning food, vaccines, essential drugs, etc.	421 034
Azerbaijan	Ethnic conflict and economic transition: provision of clothing, weaning food, vaccines, essential drugs, etc.	582 997
Kazakhstan	Emergency health assistance: provision of essential drugs and medical supplies with technical support	119 154
Kyrgyzstan	Emergency assistance in health care and education with technical support and training of health professionals	504 517
Tajikistan	Emergency health assistance: provision of vaccines and ORS and logistics and training support	520 346
Turkmenistan	Emergency health assistance: provision of vaccines and training of health professionals	169 881

Region/country	Nature of emergency/action taken	
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION (continued)		
Uzbekistan	Emergency health assistance: provision of vaccines and training of health professionals	40 553
Central Asian subregional	Programme and logistics support for Central Asian Republics and Kazakhstan	461 552
	Subtotal	2 841 015
	Adjustments and others	66 297
	Total, General resources/ diversion/reprogramming	14 635 155
	B. ADVANCES FROM CENTRAL EMERGENCY REVOLVING FUND	
AFRICA		
Mozambique	Consolidated Humanitarian Assistance Programme: provision of medical supplies, supplementary foods and seeds and tools for areas affected by drought and conflict	2 000 000
	Subtotal	2 000 000
AMERICAS AND THE CARIBBEAN		
Haiti	Consolidated Humanitarian Plan of Action: provision of measles vaccines, syringes and cold-chain equipment and logistics support	1 000 000
	Subtotal	1 000 000
MIDDLE EAST AND NORTH AFRICA		
Iraq	Inter-Agency Humanitarian Programme: provision of heating and cooking fuels	7 000 000
	Subtotal	7 000 000
	Total, Advance from Central Emergency Revolving Fund	10 000 000

Region/country	Nature of emergency/action taken	
	C. SPECIAL CONTRIBUTIONS	
AFRICA		
Angola	Consolidated Inter-Agency Appeal: intervention in health, water supply and sanitation, nutrition, education and shelter requirements for people affected by civil war	5 866 462
Burundi	Interim Consolidated Inter-Agency Appeal: intervention in emergency health care and food supplementation	138 122
Eritrea	Special Emergency Programme for the Horn of Africa: reactivation of health and education services and psycho-social support to orphans and unaccompanied children	4 405 348
Ethiopia	Special Emergency Programme for the Horn of Africa: provision of essential medical supplies and resumption of basic health services for refugees and the displaced	3 159 256
Kenya	Special Emergency Programme for the Horn of Africa: emergency health and therapeutic feeding assistance and safe water delivery to refugees and drought affected population	9 757 185
Liberia	Consolidated Inter-Agency Appeal: EPI and PHC activities, water supply and sanitation interventions and psycho-social support for children	3 407 463
Madagascar	Drought: provision of essential drugs	46 820
Malawi	Southern Africa drought emergency: support to health services in prevention and control of drought-related diseases	768 351
Mozambique	Consolidated humanitarian assistance: provision of supplementary and therapeutic foods and seeds and tools, rehabilitation of PHC and educational systems	3 680 882
Namibia	Southern Africa drought emergency: support to essential health services and water supply in drought-affected areas and food assistance to vulnerable groups	1 327 153
Rwanda	Consolidated Inter-Agency Appeal: provision of supplementary and therapeutic foods, emergency health care for children and women, and water supply facilities for refugee camps	2 740 424

Region/country	Nature of emergency/action taken	
AFRICA (continued)		
Somalia	Special Emergency Programme for the Horn of Africa: provision of relief and survival assistance to vulnerable groups, assistance for resettlement of the displaced population and re-establishment of access to basic social services	22 227 478
Sierre Leone	Liberian civil war: rehabilitation and resettlement of returnees and the displaced and psycho-social support for affected children	1 208 296
Zambia	Southern Africa drought emergency: rehabilitation and reconstruction of water supply facilities and drought recovery activities in health and nutrition	2 104 253
Zimbabwe	Southern Africa drought emergency: drought recovery and preparedness activities through community-based monitoring and maintenance	1 662 323
	Subtotal	62 499 816
AMERICAS AND THE CARIBBEAN		
Haiti	Consolidated Humanitarian Plan of Action: EPI activities, MCH, CDD and nutritional assistance to vulnerable groups	1 228 016
	Subtotal	1 228 016
ASIA		
Afghanistan	Consolidated Inter-Agency Appeal: EPI, CDD and ARI activities and support for primary education and water supply	447 377
India	Maharashtra earthquake: provision of essential drugs, emergency aid kits, pump-sets and hand-pumps, etc.	1 165 466
Nepal	Floods and landslides: response to urgent health needs	37 313
Sri Lanka	Armed conflict: relief and rehabilitation in the areas of health, nutrition, education and water supply and programme support	321 717
	Subtotal	1 971 873

Region/country	Nature of emergency/action taken	
MIDDLE EAST AND NORTH AFRICA		
Djibouti	Special Emergency Programme for the Horn of Africa: interventions in health and water supply and sanitation	50 000
Iraq	Inter-Agency Humanitarian Programme: support to basic health care, EPI, CDD and ARI, assistance for primary education and provision of cooking and heating fuel	48 126 016
Lebanon	Inter-Agency Consolidated Appeal: emergency rehabilitation of the displaced in South Lebanon and West Bekaa	844 541
Sudan	Special Emergency Programme for the Horn of Africa: interventions in health, water supply and sanitation, nutrition and household food security and education and logistics support from Khartoum and Nairobi	24 831 713
	Subtotal	73 852 270
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION		
Armenia	Inter-Agency Humanitarian Programme: provision of clothing, basic health supplies, supplementary foods and fuel	653 995
Azerbaijan	Inter-Agency Humanitarian Programme: provision of clothing, basic health supplies and supplementary foods	658 797
Belarus	Emergency assistance for child health: provision of vaccines, essential drugs and basic medical supplies	396 825
Georgia	Inter-Agency Consolidated Appeal: provision of vaccines and equipment, essential medical supplies and nutritional supplements with programme support	1 267 278
Romania	Emergency programme: assistance in PHC for children	4 000
Russian Federation	Emergency assistance for child health: provision of basic medical supplies and cold-chain equipment with programme support	3 859 525

Region/country	Nature of emergency/action taken	
CENTRAL AND EASTERN EUROPE AND FORMER SOVIET UNION (continued)		
Tajikistan	Urgent Preliminary Appeal for Emergency Humanitarian Assistance: support to supplementary and therapeutic feeding for children and domestic needs	1 055 030
Ukraine	Emergency assistance for child health: provision of vaccines, essential drugs and basic medical supplies	1 984 127
Former Yugoslavia	Revised Consolidated Inter-Agency Appeal: provision of essential drugs, supplementary foods and educational materials, restoration of water supply systems and psycho-social rehabilitation of affected children	20 305 214
	Subtotal	30 184 791
	Total, Special contributions	169 736 766

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PROGRESS REPORT ON THE FOLLOW-UP TO THE WORLD SUMMIT FOR CHILDREN

SUMMARY

Significant results of accelerated child survival activities in the late 1980s, and of global progress toward the achievement of the goals of the World Summit for Children, are being registered. A set of mid-decade goals has been endorsed widely and action to achieve them is under way. Completed national programmes of action and ratifications of the Convention on the Rights of the Child are approaching the status of near total coverage of the world's child population. High-level commitments to keeping the promise of the Summit are multiplying. The present report provides a brief review of major developments globally and in each region, the status of inter-agency collaboration, the broad participation of non-governmental organizations and the private sector in keeping alive the promise of the Summit, and the increasingly critical lag in support required from the industrial countries. It concludes with some considerations on the mid-decade progress review called for by the World Summit Plan of Action and a recommendation for Executive Board approval.

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INTRODUCTION

1. The World Summit for Children, held at United Nations Headquarters in New York on 29 and 30 September 1990, was an unprecedented gathering of world leaders. Seventy-one heads of State or Government, together with delegations from an additional 88 countries led by ministers and ambassadors, met to consider the situation of children around the world. They issued a World Declaration on the Survival, Protection and Development of Children and endorsed a detailed Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s in order to reach ambitious but achievable goals for the year 2000. 1/

2. The General Assembly, in resolution 45/217 of 21 December 1990, welcomed the adoption by the World Summit for Children of the World Declaration and the Plan of Action and urged (a) all States and other members of the international community to work for the achievement of the goals endorsed therein; (b) the donor countries especially to assist developing countries in achieving those goals; and (c) all relevant organs, organizations and agencies of the United Nations system, including their governing bodies, to provide support for the follow-up of the World Summit for Children. The present report discusses progress made in these and related areas since the preparation of the previous progress report in January 1993 (E/ICEF/1993/12).

I. PROGRESS TOWARDS ACHIEVING THE GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

A. The Progress of Nations

3. Three and one half years since the event, and less than two years until the middle of the decade of the 1990s, it is time to begin to look for results from the commitment made by the 156 countries that have signed the Declaration of the World Summit for Children to give every child a better future and to achieve a set of goals for the survival, development and protection of children by the year 2000. With this in mind, UNICEF has launched a new publication, entitled The Progress of Nations, which presents the latest available data on a country-by-country basis for both developing and industrialized nations, on global performance as regards the major goal indicators. For a number of goals, the data are still insufficient and monitoring mechanisms are still being put into place. For many goals, the 1990 baselines are only now being determined. Nevertheless, especially with reference to conditions a decade or more ago, evidence is emerging that a major and widespread effort for children is under way, that results of child survival actions in the late 1980s are beginning to be visible and that there is a fighting chance that "the promises" may be kept for the great majority of the world's children.

4. Deaths from measles have been brought down from more than 2.5 million per year in 1980 to just over 1 million per year at present. Deaths from dehydration due to diarrhoea have fallen from 4 million per year to less than 3 million owing largely to the use of oral rehydration therapy (ORT). In 10 years, infant deaths from neonatal tetanus have been reduced from more than

1 million per year to just over half a million. Poliomyelitis is close to being eradicated in several regions of the developing world, with no cases registered in the western hemisphere for more than two years. The number of cases of dracunculiasis (guinea worm disease) dropped from 5 million to 10 million cases per year in the 1980s to an estimated half million cases in 1992. At least three of the largest developing countries, China, Indonesia and Mexico, appear to be clearly on track towards the goal of effective achievement of primary education by at least 80 per cent of primary-school-age children, and three others, Brazil, Egypt and India, are in a position to do the same with an accelerated effort. As part of an initiative to promote the great advantages of breast-feeding, 72 countries have acted to end free and low-cost supplies of breast-milk substitutes to hospitals and maternity facilities and another 53 countries continue their practice of no free or low-cost distribution of formula in such institutions.

5. As of 1 January 1994, the Convention on the Rights of the Child 2/ had been ratified by 154 countries and some 92 nations had finalized their national programmes of action (NPAs) for children, providing 86 per cent of the children of the developing world, and 80 per cent of all children, with practical plans for achieving national targets by the year 2000.

6. The possiblity of virtually eliminating by the end of 1995 the world's leading cause of mental retardation and impairment, iodine deficiency disorders (IDD), has captured the imagination of a wide range of important supporters, from world leaders such as the King of Thailand, the President of the Philippines and the top leadership of China to civic organizations such as Kiwanis International. Many Governments, including the Governments of Myanmar, Sri Lanka and Zimbabwe, already have embarked on actions to iodate all salt produced and all imported and exported salt. Bolivia and Ecuador are close to the elimination of IDD.

7. As may be expected, those signs of progress are more visible in some countries and programme areas than in others. Despite the proved merits of ORT, over $1 billion is still being spent on anti-diarrhoeal remedies, most of which are useless or harmful. Progress towards the elimination of neonatal tetanus by 1995 needs to be greatly accelerated. A significant change in maternal mortality is still to be registered, although a consensus on low-cost approaches to safe motherhood is rapidly evolving. Progress against pneumonia, now the leading killer of children, is still too slow. Nevertheless, the signs are encouraging enough to merit continued and sustained efforts to hold the nations of the world to their commitment.

8. The above-mentioned progress has only been possible through the commitment and practical action of a large number of Governments and supporting groups, including donor Governments and non-governmental organizations. UNICEF also has played a supporting role through its field offices and headquarters, with advocacy and support for technical meetings and for mobilizing them in all regions of the world. The positive results of these many efforts appear to be defining a new paradigm for action by UNICEF, combining broad international objectives and politically agreed specific goals with advocacy, country-level catalytic support, social mobilization and careful, year-by-year monitoring.

This model so far is the exception rather than the rule within the United Nations, but may perhaps provide experience worth building on elsewhere.

B. The mid-decade goals

9. In 1992, the Organization of African Unity (OAU) organized the International Conference on Assistance to African Children (ICAAC) in Dakar, Senegal, the South Asian Association for Regional Cooperation (SAARC) organized the Second Conference on Children in Colombo, Sri Lanka, and the League of Arab States, held its meeting in Tunis. Each adopted a set of mid-decade goals for children, which subsequently received summit-level endorsement by OAU, SAARC and the Ministerial Council of the League of Arab States. In February 1993, the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy (JCHP) adopted a set of mid-decade goals, derived largely from those of OAU and SAARC, which were subsequently endorsed by the Executive Boards of UNICEF (E/ICEF/1993/14, decision 1993/16) and WHO in May 1993. At the same session, the UNICEF Executive Board also endorsed the year 1995 as a target date for every State in the world to have become party to the Convention on the Rights of the Child (E/ICEF/1993/14, decision 1993/13), as did the World Conference on Human Rights in Vienna a month later. 3/ The East Asia and Pacific Ministerial Consultation on Goals for Children and Development in the 1990s, held in Manila, the Philippines, endorsed these goals in September 1993. At the end of that same month, on the third anniversary of the World Summit for Children, a Round Table on Keeping the Promise to Children was convened by the Secretary-General, at United Nations Headquarters in New York. Seven heads of State or Government, along with special envoys and foreign ministers from another 17 countries, participated and renewed their commitment to the end-of-decade goals and endorsed the mid-decade targets.

10. The mid-decade goals are as follows:

(a) Elevation of immunization coverage of six antigens of the Expanded Programme on Immunization to 80 per cent or more in all countries;

(b) Virtual elimination of neonatal tetanus by 1995;

(c) Reduction of measles mortality by 95 per cent and reduction of measles cases by 90 per cent compared to pre-immunization levels by 1995, as a major step to the global eradication of measles;

(d) Elimination of poliomyelitis in selected countries and regions;

(e) Virtual elimination of vitamin A deficiency by ensuring that at least 80 per cent of all children under 24 months of age in areas with vitamin A deficiency receive adequate vitamin A;

(f) Universal iodization of salt in IDD-affected countries;

(g) Achievement of 80 per cent usage of ORT and continued feeding as part of the programme to control diarrhoeal diseases;

(h) Ending and preventing free and low-cost supplies of breast-milk substitutes in all hospitals and maternity facilities, and assisting target hospitals and maternity facilities to achieve "baby-friendly" status in accordance with Baby-Friendly Hospital Initiative (BFHI) global criteria;

(i) Interruption of dracunculiasis transmission in all affected villages by the end of 1995;

(j) Ratification of the Convention on the Rights of the Child by all countries;

(k) Reduction of 1990 levels of severe and moderate malnutrition by one fifth or more;

(l) Strengthening of basic education so as to achieve reduction by one third of the gap between the current primary school enrolment/retention rate and the year 2000 goal of universal access to basic education and achievement of primary education by at least 80 per cent of school-age children, and reduction of the 1990 gender gap in primary education by one third;

(m) Increasing water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 by one fourth in the case of water supply and one tenth in the case of sanitation.

11. Individual countries and regional groups have sometimes adopted other mid-decade goals as well, some of which are more ambitious than those listed in the paragraph above. Achievement of those mid-decade goals would assure that the momentum towards accomplishing the full set of decade goals is maintained, while at the same time averting the deaths of an additional 2 million children. During the coming two years, therefore, progress towards the mid-decade goals will be the main yardstick for assessing the seriousness of the larger decade-long effort.

II. PROGRESS IN THE PREPARATION OF NATIONAL PROGRAMMES OF ACTION

A. Status of preparation

12. The Plan of Action of the World Summit for Children called upon all Governments to prepare national programmes of action (NPAs) to implement the commitments undertaken in the World Summit Declaration and the Plan of Action itself. The status of preparation of NPAs as of 31 January 1994 is presented in table 1 below. The vast majority of developing countries have completed their NPAs. Except for some small island developing States, most of the countries that have not reported any action are those affected by war, disaster or other extreme difficulties. The smallest proportion of completed or draft NPAs is among the countries of Central and Eastern Europe and the Commonwealth of Independent States, many of which were not represented separately at the Summit. Nevertheless, 15 of those 27 countries have signed the World Summit Declaration and 8 of them have recently begun the process of preparing NPAs. Six of the 12 industrialized countries for which no action has been reported have populations of less than 400,000, and four of those countries have populations of less than

30,000. Thus, some 80 per cent of the world's children are now covered by NPAs that have been finalized; for developing countries the figure is 86 per cent.

Table 1. Status of completion of national programmes of action by region as of 31 January 1994

Region/country	Finalized	In draft	Preparation under way	No action reported	Total	Percentage of child population (under 16) in region covered by: Completed NPAs	NPAs completed or in draft
Asia	18	6	3	6	33	98	99
Latin America and the Caribbean	21	3	7	2	33	64	97
Middle East and North Africa	14	5	1	1	21	85	99
Sub-Saharan Africa	26	11	4	5	46	59	84
Central and Eastern Europe and Commonwealth of Independent States	0	0	8	19	27	-	-
Industrialized countries	13	2	3	12	30	61	67
Total	92	27	26	45	190	80 (of global child population)	90

B. Developments at subnational levels

13. Perhaps the most remarkable development since the last progress report is the widespread effort to decentralize the NPA process to provincial and municipal levels. Action at subnational levels is called for in 68 NPAs. Action programmes at provincial and/or municipal levels are known to be completed or under development in 37 of those countries. Every province in China has signed a contract with the National Coordinating Committee for Children and Women to prepare its own programme of action. Every State in India has been directed to do likewise and eight States have already drafted those documents. In Latin America, 16 out of 24 countries surveyed by the International Child Development Centre in Florence, Italy, are carrying out some form of decentralization of the NPA process. In the two largest countries of Latin America, Brazil and Mexico, virtually all States are involved. Details for individual countries for which information is available are provided in table 2 below.

Table 2. Countries that have completed or are preparing programmes of action at subnational levels

Region/country	Provincial level		Municipal level (one or more major municipalities)
	Virtually all provinces	Selected provinces	
Latin America and the Caribbean			
ARGENTINA		X	
BOLIVIA		X	X
BRAZIL	X		
CHILE	X		X
COLOMBIA		X	X
COSTA RICA			X
DOMINICAN REPUBLIC	X		X
ECUADOR		X	X
EL SALVADOR			X
GUATEMALA		X	X
MEXICO	X		
NICARAGUA			X
PANAMA		X	
PARAGUAY		X	
PERU		X	X
URUGUAY	X		
VENEZUELA		X	X
Asia			
BANGLADESH			X
CHINA	X		X
INDIA	X		
LAO PEOPLE'S DEMOCRATIC REPUBLIC	X		
MONGOLIA			X
PAKISTAN	X		
PHILIPPINES		X	X
VIET NAM	X		
Middle East and North Africa			
EGYPT			X
MOROCCO			X
OMAN	X		
SUDAN		X	
TUNISIA		X	
Sub-Saharan Africa			
BOTSWANA	X		
CAMEROON	X		
CONGO			X
COTE D'IVOIRE	X		
KENYA			X
MADAGASCAR		X	X
NAMIBIA		X	
NIGERIA		X	
SIERRA LEONE			X
UNITED REPUBLIC OF TANZANIA		X	X
UGANDA			X
Industrialized countries			
AUSTRALIA	X		
CANADA		X	

14. The Mayors as Defenders of Children Initiative, first launched in Italy, has now taken on global proportions. Mayors and municipal leaders from 45 countries of Africa, Asia, Europe, North and South America and Oceania gathered in Mexico City in July 1993 at the Second International Colloquium of Mayors, Defenders of Children, reiterated their commitment to achieving the goals established at the World Summit for Children, and called upon their counterparts around the world to do likewise, adapting NPAs to municipal realities. 4/ The significance of support at the municipal level is considerable since, in many countries, responsibility for health and education in urban areas is principally at the municipal rather than the national level.

15. This colloquium has been followed by a number of regional activities, reported on below under each region, and follow-up actions at the country level. In December 1993, the 60-member League of Cities of the Philippines signed a seven-point Declaration of Commitment to Children, pledging to develop city plans of action for children within the framework of the NPA and the Convention on the Rights of the Child. Progress reports are to be submitted every year, beginning at the end of 1994. In the Dominican Republic, 21 mayors from that country's central region held their First Regional Meeting of Mayors as Defenders of Children, committing themselves to promoting and strengthening local initiatives in favour of children and urging all city council members across the country to come together on initiatives directed at the healthy development of children. The Mayor of Santa Cruz, Bolivia, met for three days with the mayors of that country's 10 largest towns. Mayors of Santiago, Chile, of Ibague, Colombia, and of Limbe, Cameroon, all held follow-up meetings. National meetings of mayors also have taken place in Argentina, Colombia, Guinea, Italy and Morocco.

16. A number of countries have revised or are revising their NPAs to bring them up to date with recent developments, to improve one or another portion of the programme or to incorporate mid-decade goals. Among those countries are Bolivia, Burundi, Chad, Côte d'Ivoire, the Dominican Republic, Honduras, Kenya, Malawi, Trinidad and Tobago, the United Republic of Tanzania and Venezuela.

III. PROGRESS ON RATIFICATION AND IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD

17. The vast majority of countries whose leaders pledged in the Summit Declaration to work for early ratification of the Convention on the Rights of the Child have honoured that pledge. As of 31 January 1994, 170 countries had signed and 154 had ratified the Convention (see annex III for the list of countries). The Committee on the Rights of the Child is fully and effectively operational. By the end of 1993, it had received 31 country reports on implementation of the Convention and had reviewed 17 of them in an atmosphere of mutual concern for overcoming obstacles to the full enjoyment of their rights by all children. The 1993 Executive Board of UNICEF, followed by the World Conference on Human Rights, made universal ratification of the Convention an additional goal for implementation by 1995 (E/ICEF/1993/14, decision 1993/13).

18. The NGO Group for the Convention on the Rights of the Child is playing a key role in coordinating the information flow between the non-governmental

organization community and the Committee on the Rights of the Child, as well as facilitating the monitoring and implementation of the Convention at the national level through the development of national coalitions of non-governmental organizations.

19. National programmes of action (NPAs) are linked closely to the implementation of the Convention. That link is made explicit in more than 20 NPAs from all parts of the world. Among industrialized countries, Canada, the Nordic countries and the Netherlands are especially notable for the way that the Convention is central to their NPAs. Even where this linkage is only implicit, the NPA is one of the few instruments available for setting a time-frame for much of a Government's minimum core of obligations under the Convention. That has been recognized by the Committee on the Rights of the Child, which has included the NPA among the documents it wishes to review in connection with the reports it receives from States Parties to the Convention.

IV. HIGH-LEVEL COMMITMENT TO KEEPING THE PROMISE OF THE WORLD SUMMIT FOR CHILDREN

20. In September 1993, the Secretary-General submitted to the General Assembly a second report entitled "Implementation of General Assembly resolution 45/217 on the World Summit for Children", 5/ providing information on plans prepared and actions taken by individual countries and the international community in response to the Summit as at 15 July 1993. The General Assembly, in resolution 48/446 of 21 December 1993 took note of the report and requested that it be updated for consideration at its forty-ninth session.

21. Children continue to have an increasingly prominent place at the top of the public agenda among world leaders. On the occasion of their receiving the Nobel Prize for Peace, President F. W. de Klerk of South Africa dedicated his address to "the children of the world ... and to all those - such as UNICEF - who are working to alleviate their plight", and Nelson Mandela, President of the African National Congress, committed "the new South Africa to the relentless pursuit of the purposes defined in the World Declaration on the Survival, Protection and Development of Children". 6/ President de Klerk and Mr. Mandela shortly thereafter together signed the Declaration of the World Summit for Children. At the Eighth International Vatican Conference on Children and the Future, probably the largest international conference ever held on the subject of children, His Holiness Pope John Paul II accepted the invitation to involve the institutions of the Roman Catholic Church in achieving the goals of the World Summit for Children and expressed the hope that the Convention on the Rights of the Child would soon become the first universal treaty on human rights.

22. President Salinas de Gortari of Mexico continues to hold meetings every six months to evaluate the progress made by his country in implementing its NPA. Following his example, the Prime Ministers of India, Pakistan, Thailand and the United Republic of Tanzania have all pledged to review regularly progress towards the goals of their NPAs. The President of the United States of America, at the launch of The State of the World's Children 1994 report, said that: 7/

"There have been times when the fight for the world's children seemed to be a losing one. But the Children's Summit and related events have transformed that frustration into hope ... Working with UNICEF and other governmental and non-governmental organizations, we want to make those goals at the Children's Summit come true."

23. On the education front, heads of State and other high-level representatives of the nine most populous countries met in New Delhi in December 1993 for the nine-country Education for All Summit. China, Indonesia and Mexico, as mentioned above, appear to be clearly on track towards the goal of achievement of primary education by at least 80 per cent of primary-school-age children. Brazil, Egypt and India are making rapid progress and could achieve the goal as well, with some extra impetus. Bangladesh, Nigeria and Pakistan have much farther to go than the other six countries, but solid progress should be expected from at least two of those countries.

24. The World Conference on Human Rights, held in Vienna, Austria, in June 1993, called for universal ratification of the Convention on the Rights of the Child by 1995 and the universal signing of the World Summit for Children Declaration and Plan of Action, as well as their effective implementation. 8/ The Conference also urged States to withdraw reservations to the Convention on the Rights of the Child contrary to the objective and purpose of the Convention or otherwise contrary to international treaty law.

25. Health Ministers and delegation heads from 38 countries of the Americas, Asia and Africa met in Mexico City in October 1993 and signed the Initiative to Accelerate a Reduction in Child Mortality, which renewed their commitment to the goals and objectives of the World Summit for Children, endorsed the mid-decade health goals, encouraged the participation of all social groups and the media in programmes to reduce child mortality, and urged that, when donors forgive or reschedule international debt, debtor nations should make corresponding investments in the social sectors.

26. Health Ministers and bilateral donors also met with The Task Force for Child Survival and Development, sponsored by WHO, the United Nations Development Programme (UNDP), the World Bank, UNICEF and the Rockefeller Foundation, in New Delhi, in February 1994, to discuss the mid-decade goals and strategies for supporting sustainable health systems. Francophone ministers responsible for children's issues met in Dakar, Senegal, in July 1993, and issued a statement embracing the year 2000 goals set at the World Summit for Children and the targets set for achievement by the end of 1995.

V. REGIONAL DEVELOPMENTS

A. Sub-Saharan Africa

27. The "Consensus of Dakar", 9/ together with a Plan of Action for its implementation, were adopted formally by the OAU Council of Ministers, who met from 21 to 26 June 1993, and Summit of Heads of State and Government, which took place in Cairo, from 28 to 30 June 1993. 10/ The Consensus was drawn up when delegations of some 44 Governments, most of them led at the ministerial level,

met at ICAAC, in Dakar, Senegal, in November 1992. In the Consensus of Dakar, the Governments, together with donor partners from 18 industrialized countries and representatives of international financial institutions, United Nations and regional organizations and international and African non-governmental organizations, reaffirmed the need to translate the commitments of the World Summit for Children into concrete programmes of action that can be implemented.

28. Specifically, the African countries attending the Conference committed themselves (a) to develop and implement NPAs and to incorporate them into their bilateral and multilateral consultative processes and development programmes; (b) to undertake new efforts to resolve and prevent conflicts in Africa and to apply universally the principles of "corridors of peace" and "days of tranquillity"; (c) to restructure government budgets to support the key goals of their NPAs and shift resources away from non-productive uses, such as military/internal security expenditures and subsidies for inefficient state organizations; and (d) to support an increase in domestic resource mobilization through such actions as national tax reform and the encouragement of community actions and contributions. The African countries also committed themselves to reaching a set of intermediate goals by 1995.

29. Donor and international financial institutions present at ICAAC also committed themselves to provide resources to support NPAs and to "increasing and sustaining the share of Official Development Assistance (ODA) commitment to social priority sectors by 1995 in line with increasing commitments by African countries ... bearing in mind the level of at least 20 per cent of ODA for these sectors as recommended in the Human Development Report 1992 11/ of the United Nations Development Programme". 12/ Donor partners and international financial institutions also committed themselves to make every effort to promote debt cancellation or relief for African countries. A continental follow-up mechanism involving the United Nations Economic Commission for Africa, the African Development Bank and UNICEF was established under the auspices of OAU to monitor the overall formulation and implementation of NPAs and submit progress reports to the OAU Assembly of Heads of State and Government.

30. Mayors of 13 West African capitals met in Freetown, Sierra Leone, in December 1993 to adopt the "Freetown Declaration", which called on political leaders to support and encourage municipalities in the implementation of the goals of the World Summit for Children.

B. Asia

31. The Seventh Summit of Heads of State and Government of SAARC, held in Dhaka, Bangladesh, in April 1993, endorsed the Colombo resolution, 13/ strongly linking it with a collective commitment to eradicate poverty within 10 years. The resolution was the product of the Second SAARC Conference on Children in South Asia, held in Colombo, Sri Lanka, in September 1992, where ministers and other senior officials recommended a set of intermediate targets aimed at catalysing and accelerating progress towards the goals for the decade. The targets include access to, and enrolment in, primary education for at least 80 per cent of boys and 75 per cent of girls, and completion of primary education by at least 50 per cent of girls and boys by 1995; universal use of

ORT for home-based treatment of diarrhoea and universal access to oral rehydration salts (ORS) by 1996; progressive reduction of gender disparity in all the goal-related indicators; and raising the minimum age of marriage for girls to at least 18 years.

32. At the Regional Ministerial Consultation held in Manila from 27 to 29 September 1993, 17 countries signed the Manila Consensus, in which they reaffirmed their commitment to pursue vigorously the goals of their respective NPAs and to adopt policies, programmes and relevant strategies that will achieve the Mid-Decade Goals by the end of 1995. They also urged member States to use the occasion of the World Summit for Social Development in 1995 to report on the progress being made on achieving the mid-decade goals.

C. Middle East and North Africa

33. All Arab States have endorsed the Pan-Arab Plan for Child Survival, Protection and Development, adopted by the League of Arab States at a high-level meeting held in Tunis, in November 1992. 14/ The Plan set targets for the year 1995, including the eradication of poliomyelitis, a 95 per cent reduction of deaths from measles in the region, the elimination of neonatal tetanus, an 80 per cent usage rate for ORT, universal salt iodization, halting the free distribution of breast-milk substitutes and the designation of all major hospitals as "baby-friendly". The meeting called for effective monitoring systems in every Arab State and established a permanent committee for follow-up to the implementation of the plan.

D. Latin America and the Caribbean

34. At the Third Ibero-American Summit, held in Salvador de Bahia, Brazil, on 15 and 16 July 1993, Heads of State and Government expressed their intention to integrate NPAs fully into national development policies and urged international and bilateral aid agencies to give priority to the funding and technical assistance necessary to implement NPAs. They also approved a set of proposals for "Children on the Agenda of Development and Democracy". 15/

35. The Latin American and Caribbean region has taken the lead in efforts to decentralize the NPA process to provincial and municipal levels. The Second International Colloquium of Mayors, Defenders of Children, held in Mexico in July 1993, 16/ and the follow-up meeting of the Latin America and Caribbean Mayors' Coordinating Group, held in Quito, Ecuador, in November 1993, set the pace for the new participation of local Governments in the achievement of the NPA goals. Noteworthy initiatives include the establishment of a Code for Mayors as Defenders of Children and the Certification of Public Works for Children.

36. Technical meetings on Summit follow-up have involved numerous regional institutions. An inter-agency committee, comprising representatives of the Pan-American Health Organization, WHO, the United Nations Population Fund (UNFPA), the Inter-American Development Bank (IDB) and the United States Agency for International Development, has been meeting regularly to review progress

towards the decade goals in the health sector and to agree on strategies for achieving them.

E. Central and Eastern Europe and the Commonwealth of Independent States

37. At a Central and Eastern European seminar on "Strategies for Children during the Transition", held in Budapest, Hungary, in April 1993, 50 participants from Albania, Bulgaria, the Czech Republic, Hungary, Poland, Romania and Slovakia pledged to work for early NPA finalization and implementation of the Convention on the Rights of the Child in their countries. Observer delegations from Ukraine and the Russian Federation also attended. The Russian Federation has subsequently established intersectoral committees and has begun a situation analysis preparatory to the drafting of its NPA.

38. In September 1993, the Heads of State and/or Government of the Baltic States of Estonia, Latvia and Lithuania, as well as Tajikistan, signed the Declaration and Plan of Action of the World Summit for Children at United Nations Headquarters. Subsequently, a regional seminar for the Baltic States on developing NPAs was held in Riga, Latvia, from 27 to 29 September 1993. In a final statement, the officials and experts called upon the Presidents of the Baltic States to take the lead in developing NPAs for the comprehensive and appropriate development of children and strengthening of the family.

39. In January 1994, in Tehran, the Islamic Republic of Iran, health ministers and, subsequently, foreign ministers of the 10-country Economic Cooperation Organization (Afghanistan, Azerbaijan, the Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan) endorsed early action on the Convention on the Rights of the Child and established four working sessions during 1994 to address achievement of the mid-decade goals.

F. Industrialized countries

40. As mentioned in paragraph 14 above, the Mayors as Defenders of Children Initiative has not been limited to developing countries. Italian mayors have been involved from the start. Spanish mayors held their first meeting in Pamplona, Spain, in October 1993, to manifest their concerns for children. Paris will serve as hosts for the next gathering of mayors, and the mayor of Washington, D.C., the United States of America, is actively involved in the Initiative.

41. There are still nine industrialized countries that have signed the World Summit Declaration but have not prepared the NPA to which they had committed themselves. In some industrialized countries, there is a perception that NPAs are not applicable, since they have achieved a high level of well-being for their children. The NPAs of some of the most advanced industrialized countries, however, make clear that the NPA is the appropriate follow-up to the Summit commitments of all countries, rich and poor alike. And in all industrialized countries action is still needed to deal with problems of children, whether

problems of persistent (and sometimes increasing) poverty, or responses to the needs of children in particularly difficult circumstances.

42. A special feature of donor country NPAs is the re-examination of their development assistance budgets to ensure, in the words of the Summit Plan of Action, "that programmes aimed at the achievement of goals for the survival, protection and development of children will have a priority when resources are allocated". 17/ Noteworthy in this context are the NPAs of the Netherlands, Norway and Sweden, which indicate specifically an effort to review both bilateral and multilateral assistance to promote the goals and objectives of the World Summit for Children and the Convention on the Rights of the Child. The question of increasing the proportions of ODA devoted to priority human needs, however, is not discussed directly in any donor country NPA. That is important because of the increasing recognition being given globally to the UNDP/UNICEF target that at least 20 per cent of ODA should be allocated to priority human development needs. (See discussion on "20/20" in para. 63 below.)

VI. INTER-AGENCY COLLABORATION

43. Most of the goals set at the World Summit for Children originated in the prior declarations of the World Health Assembly and the World Conference on Education for All, and in the policy statements of UNICEF, UNDP, UNFPA, the Office of the United Nations High Commissioner for Regugees (UNHCR), the Food and Agriculture Organization of the United Nations, the International Labour Organization (ILO), the World Bank and others. The relevant specialized and funding agencies offered their ideas and shared their experiences in the preparation of the Summit Declaration. The result of this collaborative effort is amply reflected in the Declaration and the Plan of Action of the World Summit for Children. Representatives of many United Nations agencies participated in the Summit meeting itself, including the heads of UNICEF, UNDP, UNFPA, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Director-General for Development and International Economic Cooperation and, of course, the Secretary-General of the United Nations. Furthermore, the goals and strategies of the World Summit for Children are closely aligned with the recent growing consensus in the international community on the importance of human development as reflected in the International Development Strategy for the Fourth United Nations Development Decade. 18/ Those goals and strategies also reflect, in very specific, measurable terms, the priorities expressed in the UNDP Human Development Reports and recent World Development Reports of the World Bank, which have identified poverty alleviation and investment in people as key strategies for socio-economic development.

44. The General Assembly, in resolution 47/199 of 22 December 1992, called for a United Nations "country strategy note to be formulated by interested recipient Governments, with the assistance of, and in cooperation with the United Nations system, under the leadership of the resident coordinator ... on the basis of the priorities and plans of recipient countries". Since they are plans prepared by, or in close collaboration with, the countries themselves on the basis of their own priorities, NPAs undoubtedly will play an important role in the elaboration of the country strategy note. At the global level, actions to incorporate the NPA process into the country strategy approach at the field level are being

discussed through such United Nations forums as the Administrative Committee on Coordination, the Joint Consultative Group on Policies, the Consultative Committee on Substantive Questions (Operations) and other inter-agency forums.

45. Since the World Summit for Children was held, the involvement of members of the United Nations family in implementing the Plan of Action has been substantial, but uneven in two senses. Some agencies have shown greater commitment than others, and the participation of United Nations agencies in Summit follow-up activities has been stronger in some countries than in others. In certain instances there has been a tendency for both government and United Nations agencies to treat the Summit as essentially a UNICEF concern and to look to UNICEF as the primary United Nations organization responsible for Summit follow-up. While playing its part, UNICEF has tried to dispel that notion on numerous occasions, emphasizing the creative role that all agencies ought to have in implementation.

46. An important step in follow-up to the World Summit for Children is the development of measures for monitoring progress towards the end-decade goals. WHO and UNICEF have agreed on a core set of indicators for all the health and nutrition goals. Those indicators were circulated, together with a joint statement on global monitoring of the health goals of the World Summit for Children, on 9 November 1993, signed by the Assistant Director-General of WHO and the Deputy Executive Director (Programmes) of UNICEF. WHO will include those indicators in its periodic monitoring of progress towards health for all by the year 2000. UNDP and UNICEF are collaborating on the evaluation of aid flows taking place within the Development Assistance Committee of the Organisation for Economic Cooperation and Development.

47. The World Health Organization has been in the forefront of follow-up activities as they affect the health sector. The forty-sixth World Health Assembly in May 1993 reiterated earlier resolutions inviting WHO member States to give the political and economic priority necessary to implement the commitments set out in the Declaration and Plan of Action, and requesting the Director-General of WHO, Dr. Hiroshi Nakajima, in cooperation with UNICEF and others concerned, to implement the necessary actions and to monitor achievements in child health in all countries. 19/ WHO and UNICEF are coordinating Summit follow-up activities at numerous secretariat levels and also at the level of their governing bodies through the mechanism of their Joint Committee on Health Policy (JCHP), which has discussed and approved the mid-decade goals. A joint letter from the Director-General of WHO and the Executive Director of UNICEF on the mid-decade goals was sent to all heads of State or Government at the beginning of 1994.

48. The Administrator of UNDP has signed letters encouraging UNDP resident representatives to give importance to the goals of the World Summit for Children, including the mid-decade goals, as part of their "responsibilities and efforts to promote sustainable human development", encouraging them to consider what can be done by the international community to support national action towards the achievement of the goals, monitor progress towards their achievement, use them as a focus for human development advocacy and support them as part of the preparatory action for the World Summit for Social Development.

49. The United Nations Educational, Scientific and Cultural Organization welcomed the World Summit for Children as it further reinforced the drive towards accelerating basic education spurred by the Jomtien World Conference on Education for All. 20/ Cooperation between the governing bodies of UNICEF and UNESCO on Summit follow-up is institutionalized through the mechanism of the Joint Committee on Education. A joint UNESCO/UNICEF initiative to focus on the nine largest developing countries, where the majority of the world's illiterate population live, was endorsed at the highest level of Government at the Education for All Summit, held in New Delhi, India, in December 1993. UNESCO and UNICEF also are working together to promote early child development and to support parents in their role as first educators of their children, and also to devise a monitoring system to measure learning achievement in five countries. The two agencies also collaborated on the Pan-African Conference on Education of Girls, held in Ouagadougou, Burkina Faso, in March-April 1993, attended by eight Ministers of Education and other high-level educators.

50. The Office of the United Nations High Commissioner for Refugees, more than one half of whose target population are children, has long been committed to the principles enshrined at the World Summit for Children. They form the basis of UNHCR policies and programmes to assist, protect and promote the development needs of refugee children. UNHCR guidelines on refugee children date back to 1988, but have been revised in the light of the World Summit for Children and the heightened inter-agency collaboration it has engendered. UNHCR has recently appointed a Senior Coordinator for Refugee Children to enhance coordination of services, in close cooperation with the Senior Coordinator for Refugee Women. Concern for children in conflict situations expressed in both the Declaration and the Plan of Action of the World Summit for Children has been addressed by UNHCR in joint UNHCR/UNICEF statements on the evacuation of refugee children, joint missions to address the rights of children who are unaccompanied or at risk of abandonment as a result of conflict, the inclusion of funds for education in joint emergency appeals and efforts to try to respond immediately to the psycho-social needs of children traumatized by conflict.

51. The long-standing efforts of ILO to protect working children and abolish child labour by UNICEF have been warmly welcomed. These have recently received added impetus with the establishment of the Interdepartmental Project on Elimination of Child Labour (INTERDEP) and the International Programme for the Elimination of Child Labour (IPEC). INTERDEP concentrates on promoting policies on the abolition of child labour and the protection of working children through regional and national seminars, awareness-raising and research on the nature and extent of the problem and possible approaches to alleviating it. Through IPEC, this work is translated into action projects at local and national levels. In those activities, ILO collaborates with other international organizations, particularly UNICEF and the United Nations Committee on the Rights of the Child.

52. The United Nations Population Fund (UNFPA) also attaches considerable importance to the Declaration and Plan of Action adopted at the World Summit for Children, which is complementary to and supportive of the Amsterdam Declaration on a Better Life for Future Generations, 21/ adopted at the Forum on Population in the Twenty-first Century, held from 6 to 9 November 1989 in the Netherlands. Given the UNFPA focus on maternal and child health (MCH) and family planning, most of the provisions of the World Summit Plan of Action are

of direct relevance to UNFPA. The four major multilateral organizations involved in the field of MCH - WHO, UNICEF, UNDP and UNFPA - have agreed on joint goals reflecting the Summit objectives and have issued joint guidelines to their field offices for enhancing their collaboration. UNFPA and UNICEF have indicated ways in which each will be responding to the Summit in areas related to family planning in a report presented to the UNICEF Executive Board (E/ICEF/1992/L.13).

53. The Executive Board, in decision 1993/12 (E/ICEF/1993/14), requested that collaboration with international and regional financial institutions be strengthened further to ensure that NPAs are taken into account at relevant moments of the poverty reduction, lending and adjustment processes. NPAs have been discussed at consultative group meetings of donors held under the auspices of the World Bank, notably for Ghana and Zambia. The World Bank 1993 World Development Report is devoted to the subject of investing in health and calls for a set of actions and reforms that are largely congruent with the goals of the World Summit for Children, to which it devotes a special panel. The World Bank is involved in NPA implementation in the fields of health and nutrition in Argentina, Ecuador and Nepal; in water supply and sanitation in Bhutan and Madagascar; in the control of IDD in Madagascar and Malawi; in education in Belize and the Dominican Republic; and in surveys and monitoring in Chad, the Islamic Republic of Iran, Kenya, Nicaragua and Zambia.

VII. NON-GOVERNMENTAL ORGANIZATIONS AND THE PRIVATE SECTOR

54. The World Summit for Children was regarded as a landmark event by humanitarian and developmental non-governmental organizations in that their contribution to national development was recognized at the highest political level, in many cases, for the first time. Those working in child-related areas particularly welcomed the invitation extended to them in the Summit Declaration to cooperate actively with Governments in formulating and implementing national plans of action to reach the Summit goals, resulting in close consultations between Governments and non-governmental organizations in the development of NPAs in many countries.

55. At the global level, a large number of non-governmental organizations working in child-related areas have taken Summit follow-up actions within the framework of their own respective mandates. While some have prepared specific programmes of action to implement and support the goals endorsed by the World Summit for Children, others have reviewed or restructured existing programmes to bring them in line with those goals. The Christian Children's Fund has developed a set of 10 steps based on the World Summit goals, which have been incorporated into its national programmes. Its offices are now in the process of field testing indicators to measure progress towards those goals. The International Council of Nurses has published scientific guidelines for their national chapters to promote implementation of the Convention on the Rights of the Child; to participate in programmes that address the needs of the girl child, particularly in nutrition, health and education; and to initiate activities to protect children from abuse and violence. The "Voice of the Children" campaign organized children's hearings in 52 countries, providing an opportunity for children to call the attention of Governments and the general

public to their concerns on the environment. The non-governmental organizations group Results has spearheaded a "Keeping the Promise" campaign in many countries and communities. It has influenced important legislative action in support of the Summit goals in Canada, the United States and several other countries.

56. Non-governmental organizations are providing strong support for the universal ratification and implementation of the Convention on the Rights of the Child. International Save the Children Alliance has continued its education programmes on the Convention. The Non-Governmental Organization Committee on UNICEF produced a Summary of International Treaties to Protect Children in Armed Conflict in order to familiarize government agencies and non-governmental organizations with the provisions of relevant international law. It also organized a Central American conference in November 1993 to discuss strategies for implementing and monitoring the Convention, especially in relation to children in difficult circumstances. Defence for Children International, with the support of Radda Barnen, organized a workshop to develop a coordinated network of information systems on children's rights. The International Catholic Child Bureau, the International Social Service and the Christian Children's Fund worked to support legislative action in Eastern and Central Europe in favour of the Convention on the Rights of the Child.

57. Rotary International continues its outstanding support to the goal of worldwide poliomyelitis eradication and has initiated the creation of a Polio Eradication Network to strengthen social mobilization and communication activities in support of the goal. Through technical assistance, baseline surveys, distribution of vitamin A capsules to non-governmental organizations and ministries of health, Helen Keller International has played a key role in efforts to eliminate vitamin A deficiency. Kiwanis International has recently committed itself to a major fund-raising effort in support of the virtual elimination of IDD. 22/ At the Junior Chamber International XLVIII World Congress in Hong Kong, held in November 1993, it was resolved to support the global goal of 80 per cent use of ORT by 1995 through communications and assistance in doubling global production capacity for ORS from the current 500 million packets to 1 billion packets.

58. The World Alliance of Breastfeeding Action, a coalition of non-governmental organizations, has actively supported breast-feeding and the Baby Friendly Hospital Initiative (BFHI). Its members, such as La Leche League International, the International Breastfeeding Action Network and Wellstart, have trained health professionals in lactation management, advocated the adoption of the International Code of Marketing of Breastmilk Substitutes at the national level, organized mothers' support groups for breast-feeding, as well as raised public awareness on the benefits of breast-feeding, especially through the World Breast-feeding Week. Non-governmental organizations, especially in Central and Eastern Europe, have often played a leading role in mobilizing government action and public support for breast-feeding.

59. In support of the education goals, the Education for All Network is building coalitions through a series of regional meetings. To highlight the current disparities in education between boys and girls, the NGO Committee on UNICEF organized a conference with non-governmental organizations, selected governmental officials and United Nations agencies. The participants issued a

call to action for all non-governmental organizations to promote the education of the girl child world wide. The International Federation of University Women has adopted a three-year action programme (1992-1995), one of the goals of which is to increase access to formal education systems for women and girls, and to make those systems more responsive to their needs. Rotary International is supporting literacy programmes in addition to its continued efforts to eradicate poliomyelitis.

60. A major "keep the promise to children" meeting of more than 100 leaders of eight religions and indigenous traditions from 14 countries of Asia and the Pacific took place in Melbourne, Australia, in September 1993. Participants issued a statement and action plan urging spiritual and religious people and institutions to work towards the goals of the World Summit for Children and universal ratification of the Convention on the Rights of the Child, drawing upon the ethical traditions and teachings of their respective faiths.

VIII. RESOURCE MOBILIZATION

61. Resources for achieving the NPA goals can be both internal and external. The reallocation of government budgets to increase the proportion devoted to these goals is generally the most important of the actions required. Bhutan's NPA projects have increased the proportion of funds allocated to education from 8.3 to 11.2 per cent of the budget and the proportion of funds allocated for health from 4.3 to 6.7 per cent during the period 1991-1997. Chile has earmarked $700 million, in addition to its current annual social sector budget of $6 billion, to finance its NPA during the 1993-2000 period. Senegal plans to increase the share of its expenditure for health sectors from the current 4.8 per cent to 9 per cent by the year 2000. Egypt's NPA has been assigned 7.5 per cent of the budget in the 1992-1997 development plan. Reductions in expenditure on armaments are mentioned specifically in the NPAs of Namibia and Zimbabwe. Mexico's social expenditure as a percentage of gross domestic product (GDP) has grown from 6.1 per cent in 1989 to 9.7 per cent in 1993. This upward trend, although preceded by a steep decline during the 1980s, has been linked explicitly to the NPA process. Mexico is perhaps the only country reporting specifically on child-related expenditure as a percentage of GDP, which has risen from 3.1 per cent in 1989 to 4.4 per cent in 1993. Other countries reporting budgetary restructuring and increased social sector expenditures include the Gambia, Peru, Sierra Leone, Uganda and Uruguay.

62. While developing countries are making major commitments and achieving substantial results, the donor community, with some notable exceptions, needs to do more to demonstrate the collective resolve to provide the modest level of resources required to sustain their part of the effort. World Bank lending for education and health has already grown substantially - more than threefold for education and twentyfold for population, health and nutrition since the early 1980s - with an increasing shift within those sectors to primary health care and primary education. The International Development Bank (IDB) has pledged to increase its social sector lending to 25 per cent of total. Donor support for emergencies has increased, but ODA as a whole is stagnating. Increased demand for international financing in the Commonwealth of Independent States, for emergency assistance and for peace-keeping is reducing the financing available

for Africa, Asia and Latin America. The key issue for the achievement of the goals of the World Summit for Children will be the extent to which industrialized countries honour their World Summit commitments to support developing countries in the achievement of these goals.

63. Perhaps the most promising avenue for financing the achievement of NPAs in the short run is through the application of the 20/20 concept. This UNICEF initiative, building on ideas first presented in the UNDP 1991 and 1992 Human Development Report, aims at ensuring that developing countries devote at least 20 per cent of government expenditure to human priority concerns - primary health care (PHC), including family planning, nutrition, basic education, low-cost water supply and sanitation - supported by a commensurate level of ODA for these same priority areas. Prime Minister Brundtland of Norway, in her Rafael M. Salas Memorial Lecture at the United Nations on 28 September 1993, called the allocation of 20 per cent of government expenditure and 20 per cent of development aid to priority human concerns "minimum requirements". 23/ This concept of 20/20 was formally endorsed in 1992 by ICAAC, by the 1993 UNICEF Executive Board (E/ICEF/1993/14, decision 1993/4) and by the 1993 Asia and Pacific Ministerial Consultation on Goals for Children in the 1990s. This concept now needs to become far more widely accepted and applied to both bilateral and multilateral cooperation.

IX. THE FORTHCOMING MID-DECADE REVIEW

64. In the World Summit Plan of Action, the Secretary-General is requested "to arrange for a mid-decade review, at all appropriate levels, of the progress being made towards implementing the commitments of the Declaration and Plan of Action". 24/

65. The World Summit for Social Development, scheduled to be held in March 1995, offers an opportunity for countries to assess progress for children, especially on the mid-decade goals, on the basis of data available at that time. The World Summit for Social Development can be instrumental in preparing for the review of the situation at mid-decade. UNICEF plans to present a special paper on reporting at mid-decade on progress for children and will seek to have the goals of the World Summit for Children included in those endorsed by the World Summit for Social Development.

66. The sixth anniversary of the World Summit for Children, 30 September 1996, would appear to be an appropriate moment for the Secretary-General to announce the status of progress for children at mid-decade (the end of 1995) and for a more complete assessment of achievements as regards the mid-decade goals. The timing is such that it should give countries and regions the opportunity to hold their own assessments of these results and the international community the opportunity to register 1995 data. The event's form and choice of participants require a fair amount of discussion, involving WHO, other relevant United Nations bodies and other partners, both public and private. Such an event also could be a launching pad for the second phase of the world-wide effort towards achievement of the full set of goals for the year 2000.

67. Industrialized countries should participate in the mid-decade review, along with the rest of the international community. A particular issue in this respect is the absence of data from many industrialized countries with respect to the indicators agreed upon by WHO, UNICEF and other agencies for measuring progress towards the goals.

68. According to the World Summit Plan of Action, 25/

> "The governing bodies of the relevant specialized agencies and United Nations organs are requested to include a periodic review of the implementation of the Declaration and this Plan of Action at their regular sessions and to keep the General Assembly of the United Nations, through the Economic and Social Council, fully informed of progress to date and additional action required during the decade ahead".

It would be appropriate for heads of agencies to be reminded of this request in time for them to take the necessary action.

69. At a UNICEF/WHO inter-secretariat meeting, held at Geneva, Switzerland, on 14 and 15 October 1993, it was agreed to form a WHO/UNICEF working group to develop the process of reporting at mid-decade on global progress on the health goals contained in the World Summit for Children Plan of Action.

X. THE CHALLENGES AHEAD

70. The main challenge ahead is the achievement of the goals and objectives of the World Summit for Children. To meet this challenge, however, several other challenges must be dealt with:

(a) Achievement of the mid-decade goals as a set of milestones to be surpassed on the road towards those for the decade;

(b) The mobilization of adequate resources for implementation of NPAs and the Convention by developing countries through systematic review and appropriate reallocation of national budgets, and by donors through a higher proportion of ODA for priority human development concerns;

(c) The reinforcement of systems for monitoring progress towards the goals, with capacity for wide public review of progress and shortfalls;

(d) Sustaining the momentum for "keeping the promise" of the Summit and the Convention internationally and nationally through advocacy and social mobilization.

71. At a deeper level, there is a need for increased recognition that the achievement of the decade's goals for children would contribute to and help catalyse the realization of many other goals to which the human community aspires, such as slowing population growth rates, accelerating economic growth, improving the environment and overcoming the worst aspects of poverty.

XI. RECOMMENDATION

72. In the light of the above-mentioned challenges, the Executive Director recommends that the Executive Board approve the following recommendation:

The Executive Board,

Having reviewed the "Progress report on the follow-up to the World Summit for Children" (E/ICEF/1994/12),

1. Calls upon all countries to review their NPAs to ensure that the mid-decade goals adopted by regional bodies of which they are members, and/or those approved by the executive bodies of WHO and UNICEF, be appropriately incorporated into their national planning processes and that sufficient priority and resources be devoted to their achievement;

2. Urges donor countries and international financial institutions to increase the share of ODA commitment to social priority sectors to 20 per cent of total ODA for those sectors, and national Governments to increase the share of national budgetary allocations for the same sectors correspondingly, so as to achieve, by 1995, a "20/20" correspondence in the proportion of resources devoted to basic education, PHC, including family planning, low-cost water supply and sanitation and nutrition;

3. Recommends that those countries which have not already done so establish adequate mechanisms for monitoring progress towards the goals of their NPAs, including appropriate high-level meetings to review the state of progress, with the participation of all sectors of civil society, including the mass media;

4. Requests that the Preparatory Committee for the World Summit for Social Development take into account the Declaration and Plan of Action of the World Summit for Children in its preparatory draft documents and that the 1995 Summit provide the occasion for the nations of the world to report on the progress being made in keeping the promises made to children at the 1990 World Summit for Children, with special reference to progress being made towards the mid-decade goals;

5. Requests that, in the context of General Assembly resolution 45/217 of 21 December 1990, the Secretary-General arrange for the mid-decade review, at all appropriate levels, of progress being made towards implementation of the commitments of the Declaration and Plan of Action of the World Summit for Children, as called for in article 35 (iv) of the Plan of Action, suggesting 30 September 1996, the sixth anniversary of the World Summit for Children, as an appropriate date for the Secretary-General to announce the results of that review, and that the governing bodies of the relevant United Nations entities be reminded of the Summit recommendation.

Notes

1/ A/45/625, annex.

2/ General Assembly resolution 44/25 of 20 November 1989, annex.

3/ For the report of the Conference, see A/CONF.157/24 (Parts I and II).

4/ A/48/321, para. 36.

5/ A/48/321.

6/ Nobel Peace Prize 1993 (Stockholm, The Nobel Foundation, 1993).

7/ Remarks by the President at UNICEF event on children (The White House, 21 December 1993).

8/ See A/CONF.157/24 (Part I), para. 21.

9/ A/C.2/47/13, annex.

10/ A/48/322, annex I, CM/Res.1464 (LVIII).

11/ United Nations Development Programme, Human Development Report, 1992 (New York, Oxford University Press, 1992).

12/ A/48/322, annex I, CM/Res.1464 (LVIII), para. 6.

13/ A/C.3/47/10, annex.

14/ A/48/321, para. 22.

15/ A/48/291-S/26242, annex, para. 39.

16/ A/48/321, para. 36.

17/ A/45/625, para. 34 (iii).

18/ General Assembly resolution 45/199 of 21 December 1990.

19/ WHO resolutions WHA 46.17 and 46.18.

20/ See Final Report of the World Conference on Education for All: Meeting Basic Learning Needs, Jomtien, Thailand, 5-9 March 1990, Inter-Agency Commission (UNDP, UNESCO, UNICEF, World Bank) for the World Conference on Education for All, New York, 1990.

21/ UNFPA, Meeting the Population Challenge, p. 44. See also A/C.2/44/6, annex.

22/ See A/48/321, para. 63.

23/ UNFPA, Rafael M. Salas Memorial Lecture, New York, 28 September 1993.

24/ A/45/625, annex, art. 35 (iv).

25/ Ibid., art. 35 (v).

Annex I

STATUS OF SIGNATURES ON THE DECLARATION OF THE WORLD SUMMIT FOR CHILDREN
AS OF 31 JANUARY 1994

COUNTRIES THAT HAVE SIGNED THE WORLD SUMMIT FOR CHILDREN DECLARATION (156)			NOT SIGNED (34)
Afghanistan	Greece	Paraguay	Andorra
Albania	Grenada	Peru	Angola
Algeria	Guatemala	Philippines	Armenia
Antigua and Barbuda	Guinea	Poland	Azerbaijan
Argentina	Guinea-Bissau	Portugal	Bahamas
Australia	Guyana	Qatar	Bahrain
Austria	Haiti	Republic of Korea	Bosnia and Herzegovina
Bangladesh	Holy See	Romania	Brunei Darussalam
Barbados	Honduras	Russian Federation	Croatia
Belarus	Hungary	Rwanda	Cyprus
Belgium	Iceland	Sao Tome and and Principe	Czech Republic
Belize	India	Saint Kitts and Nevis	Ethiopia
Benin	Indonesia	Saint Lucia	Georgia
Bhutan	Iran (Islamic Republic of)	Saint Vincent and the Grenadines	Iraq
Bolivia	Ireland	Samoa	Kyrgyzstan
Botswana	Israel	Senegal	Kiribati
Brazil	Italy	Sierra Leone	Libyan Arab Jamahiriya
Bulgaria	Jamaica	Solomon Islands	Malta
Burkina Faso	Japan	South Africa	Micronesia
Burundi	Jordan	Spain	Myanmar
Cameroon	Kazakhstan	Sri Lanka	Nauru
Cambodia	Kenya	Sudan	Oman
Canada	Kuwait	Suriname	Republic of Moldova
Cape Verde	Lao People's Democratic Republic	Swaziland	San Marino
Central African Republic	Latvia	Sweden	Saudi Arabia
Chad	Lebanon	Switzerland	Seychelles
Chile	Lesotho	Syrian Arab Republic	Singapore
China	Liberia	Tajikistan	Slovenia
Colombia	Liechtenstein	Thailand	Slovak Republic
Comoros	Lithuania	The former Yugoslav Republic of Macedonia	Somalia
Congo	Luxembourg	Togo	Tonga
Costa Rica	Madagascar	Trinidad and Tobago	Tuvalu
Côte d'Ivoire	Malawi	Tunisia	United Arab Emirates
Cuba	Malaysia	Turkey	Uzbekistan
Democratic People's Republic of Korea	Maldives	Turkmenistan	
Denmark	Mali	Uganda	
Djibouti	Marshall Islands	Ukraine	
Dominica	Mauritania	United Kingdom of Great Britain and Northern Ireland	
Dominican Republic	Mauritius	United Republic of Tanzania	
Ecuador	Mexico	United States of America	
Egypt	Monaco	Uruguay	
El Salvador	Mongolia	Vanuatu	
Equatorial Guinea	Morocco	Venezuela	
Eritrea	Mozambique	Viet Nam	
Estonia	Namibia	Yemen	
Federal Republic of Yugoslavia (Serbia and Montenegro)	Nepal	Zaire	
Finland	Netherlands	Zambia	
France	New Zealand	Zimbabwe	
Fiji	Nicaragua		
Gabon	Niger		
Gambia	Nigeria		
Germany	Norway		
Ghana	Pakistan		
	Panama		
	Papua New Guinea		

Annex I

STATUS OF WORLD SUMMIT FOR CHILDREN
NATIONAL PROGRAMMES OF ACTION
AS OF 31 JANUARY 1994

ASIA * 3 ** 6 *** 18	SUB-SAHARAN AFRICA * 4 ** 11 *** 26	LATIN AMERICA AND THE CARIBBEAN * 7 ** 3 *** 21	MIDDLE-EAST AND NORTH AFRICA * 1 ** 5 *** 14	INDUSTRIALIZED COUNTRIES * 3 ** 2 *** 19
Afghanistan	* Angola	* Antigua and Barbuda	*** Algeria	Andorra
*** Bangladesh	*** Benin	*** Argentina	*** Bahrain	** Australia
*** Bhutan	*** Botswana	Bahamas	Cyprus	Austria
Brunei Darussalam	** Burkina Faso	*** Barbados	*** Djibouti	*** Belgium
Cambodia	*** Burundi	*** Belize	*** Egypt	*** Canada
*** China	** Cameroon	*** Bolivia	*** Iran (Islamic Republic of)	*** Denmark
*** Democratic People's Republic of Korea	** Cape Verde	** Brazil	* Iraq	*** Finland
** Federated States of Micronesia	*** Central African Republic	*** Chile	** Jordan	* France
*** Fiji	*** Chad	*** Colombia	*** Kuwait	*** Germany
*** India	*** Comoros	*** Costa Rica	** Lebanon	Greece
*** Indonesia	*** Congo	*** Cuba	** Libyan Arab Jamahiriya	*** Holy See
* Kiribati	*** Côte d'Ivoire	* Dominica	*** Morocco	Iceland
** Lao People's Democratic Republic	** Equatorial Guinea	*** Dominican Republic	** Oman	Ireland
** Malaysia	Eritrea	*** Ecuador	*** Qatar	Israel
*** Maldives	** Ethiopia	*** El Salvador	*** Saudi Arabia	* Italy
*** Marshall Islands	Gabon	* Grenada	*** Sudan	*** Japan
*** Mongolia	*** Gambia	*** Guatemala	*** Syrian Arab Republic	Luxembourg
*** Myanmar	*** Ghana	* Guyana	*** Tunisia	Liechtenstein
Nauru	*** Guinea	Haiti	*** Turkey	Malta
*** Nepal	** Guinea-Bissau	*** Honduras	*** United Arab Emirates	Monaco
*** Pakistan	*** Kenya	** Jamaica	** Yemen	*** Netherlands
* Papua New Guinea	* Lesotho	*** Mexico		* New Zealand
*** Philippines	** Liberia	*** Nicaragua		*** Norway
*** Republic of Korea	** Madagascar	*** Panama		*** Portugal
Samoa	*** Malawi	*** Paraguay		San Marino
*** Singapore	*** Mali	*** Peru		** Spain
* Solomon Islands	*** Mauritania	* Saint Kitts and Nevis		*** Sweden
*** Sri Lanka	*** Mauritius	** Saint Lucia		Switzerland
** Thailand	*** Mozambique	* Saint Vincent and the Grenadines		*** United Kingdom of Great Britain and Northern Ireland
Tonga	*** Niger	* Suriname		*** United States of America
** Tuvalu	*** Nigeria	*** Trinidad and Tobago		
** Vanuatu	*** Namibia	*** Uruguay		
*** Viet Nam	*** Rwanda	*** Venezuela		
	* Sao Tome and Principe			
	*** Senegal			
	* Seychelles			
	** Sierra Leone			
	Somalia			
	South Africa			
	*** Swaziland			
	** Togo			
	*** Uganda			
	*** United Republic of Tanzania			
	Zaire			
	** Zambia			
	*** Zimbabwe			

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES *8 **0 ***0	
* Albania	Kyrgyzstan
Armenia	Latvia
Azerbaijan	Lithuania
* Belarus	Poland
Bosnia and Herzegovina	Republic of Moldova
* Bulgaria	* Romania
Croatia	* Russian Federation
* Czech Republic	* Slovak Republic
Estonia	Slovenia
Federal Republic of Yugoslavia (Serbia and Montenegro)	Tajikistan
Georgia	The former Yugoslav Republic of Macedonia
* Hungary	Turkmenistan
Kazakhstan	Ukraine
	Uzbekistan

* Preparation underway : 26 countries.
** Draft outline received : 27 countries.
*** National programmes of action finalized : 92 countries.
National programmes of action finalized, in draft form or under preparation : 145 countries.

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Annex III

STATUS OF THE CONVENTION ON THE RIGHTS OF THE CHILD
AS OF 31 JANUARY 1994

STATE PARTIES TO THE CONVENTION BY RATIFICATION, ACCESSION OR SUCCESSION (154)			STATES THAT HAVE SIGNED BUT NOT YET RATIFIED (16)	STATES THAT ARE NEITHER STATE PARTIES NOR HAVE SIGNED (20)
Albania	Fiji	Papua New Guinea	Afghanistan	Andorra
Algeria	Finland	Paraguay	Eritrea	Botswana
Angola	France	Peru	Gabon	Brunei Darussalam
Antigua and Barbuda	Gambia	Philippines	Haiti	Georgia
Argentina	Germany	Poland	Iran (Islamic Republic of)	Iraq
Armenia	Ghana	Portugal	Japan	Kazakhstan
Australia	Greece	Republic of Korea	Liechtenstein	Kyrgyzstan
Austria	Grenada	Republic of Moldova	Luxembourg	Kiribati
Azerbaijan	Guatemala	Romania	Mozambique	Malaysia
Bahamas	Guinea	Russian Federation	Netherlands	Nauru
Bahrain	Guinea-Bissau	Rwanda	Qatar	Oman
Bangladesh	Guyana	Saint Kitts and Nevis	Samoa	Saudi Arabia
Barbados	Holy See	Saint Lucia	South Africa	Singapore
Belarus	Honduras	Saint Vincent and the Grenadines	Swaziland	Solomon Islands
Belgium	Hungary	San Marino	Switzerland	Somalia
Belize	Iceland	Sao Tome and Principe	Turkey	Tonga
Benin	India	Senegal		Tuvalu
Bhutan	Indonesia	Seychelles		United Arab Emirates
Bolivia	Ireland	Sierra Leone		United States of America
Bosnia and Herzegovina	Israel	Slovenia		Uzbekistan
Brazil	Italy	Slovak Republic		
Bulgaria	Jamaica	Spain		
Burkina Faso	Jordan	Sri Lanka		
Burundi	Kenya	Sudan		
Cambodia	Kuwait	Suriname		
Cameroon	Lao People's Democratic Republic	Sweden		
Canada	Latvia	Syrian Arab Republic		
Cape Verde	Lebanon	Tajikistan		
Central African Republic	Lesotho	Thailand		
Chad	Liberia	The former Yugoslav Republic of Macedonia		
Chile	Libyan Arab Jamahiriya	Togo		
China	Lithuania	Trinidad and Tobago		
Colombia	Madagascar	Tunisia		
Comoros	Malawi	Turkmenistan		
Congo	Maldives	Uganda		
Costa Rica	Mali	Ukraine		
Côte d'Ivoire	Malta	United Kingdom of Great Britain and Northern Ireland		
Croatia	Marshall Islands	United Republic of Tanzania		
Cuba	Mauritania	Uruguay		
Cyprus	Mauritius	Vanuatu		
Czech Republic	Mexico	Venezuela		
Democratic People's Republic of Korea	Micronesia	Viet Nam		
Denmark	Monaco	Yemen		
Djibouti	Mongolia	Zaire		
Dominica	Morocco	Zambia		
Dominican Republic	Myanmar	Zimbabwe		
Ecuador	Namibia			
Egypt	Nepal			
El Salvador	New Zealand			
Equatorial Guinea	Nicaragua			
Estonia	Niger			
Ethiopia	Nigeria			
Federal Republic of Yugoslavia (Serbia and Montenegro)	Norway			
	Pakistan			
	Panama			